

SSN: [REDACTED] Student No: 900609554 Date of Birth: [REDACTED] 1995 Date Issued: 03-JUN-2016

Record of: Michele Rex
Current Name: Michele Rex
26 Wyandotte Lane
East Islip, NY 11730

Course Level: Undergraduate
High School: East Islip HS 21-JUN-2013
Only Admit: Fall-2013

Current Program		College : Business		Major : Management and Leadership		Minor : Psychology	
SUBJ NO.	C	COURSE TITLE	CRED GRD	PTS R	WTH	1006A	1
Institution Information continued:							
CIS	1200N	1	Intro to Info Systems Mangment	3.00 C			6.00
MGT	2077A	1	Business Law I	3.00 A-			11.01
MKT	1033N	1	Essentials of Marketing	3.00 B+			3.00
STAT	1006A	1	Statistics	3.00 C			6.00
Ehrs: 15.00 GPA-Hrs: 15.00 Qpts: 33.00 GPA:				2.20			

INSTITUTION CREDIT:

Fall 2013		Winter/Spring 2015	
Business		Business	
Finance		Management and Leadership	
ENG 1001A 1	Principles of Writing (EI)	ACC 2002N 1	Int to Financial Accounting II
FYE 1091A 1	Career Bldg: Psych of Workplace	ECON 2002A 1	Introductory Microeconomics
NSC 2003C 1	Scientific Concepts of Evolution	MGT 3108N 1	Labor Relations
PHL 1042C 1	Ethics	MGT 3146A 1	Organizational Behavior
VIS 1009C 1	Basic Drawing	MSC 1006C 1	Elements of Oceanography
Ehrs: 15.00	GPA-Hrs: 15.00	Ehrs: 15.00	GPA-Hrs: 15.00
Qpts: 40.98	GPA: 2.73	Qpts: 43.02	GPA: 2.86

Winter/Spring 2014				Fall 2015						
Business				Business						
Finance				Management and Leadership						
ECN	1001A	1	Introductory Macroeconomics	3.00	C	6.00	ENG 2080A ON Blogging	3.00	A-	11.01
MGT	1011N	1	Intro to Mgt Theory & Practice	3.00	B	9.00	MGT 3111A 1 Managerial Economics	3.00	B+	9.99
MTH	1002A	1	Fund of Mathematics (EI)	3.00	C+	6.99	MTH 1007A 1 Operations Research	3.00	Df	3.99
PSY	3104C	1	Const of Mathematics	3.00	B+	9.99	PSY 1001A 1 Introduction to Psychology	3.00	B+	9.99
VIS	1023C	1	Photography I	3.00	B-	8.01	PSY 3112C 1 Theories of Personality	3.00	B-	8.01
Ehrs: 15.00 GPA-Hrs: 15.00 Qpts: 39.99 GPA: 2.66				GOOD STANDING				Ehrs: 15.00 GPA-Hrs: 15.00 Qpts: 42.99 GPA: 2.86		

Fall 2014				Winter/Spring 2016			
Business Management and Leadership				Business Management and Leadership			
ACC	2001N	1	Intro to Financial Accounting 1	3.00	C+	6.99	
***** CONTINUED ON NEXT COLUMN *****				***** CONTINUED ON PAGE 2 *****			
				MGT	2075N	1	Human Resource Management
				MGT	4090N	1	Project Management
							3.00 A-
							11.01
							12.00

NOT VALID UNLESS
RECORDED IN SEALED ENVELOPE

B

Michele Rex

REGISTRAR

JUN 03 2016

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Case 8-16-75545-reg
Doc 728-7
Filed 07/15/19
Entered 07/15/19 15:55:12

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SSN: [REDACTED]

Student No: 900609554

Date of Birth: [REDACTED]

Record of: Michele Rex
Level: Undergraduate

Date Issued: 03-JUN-2016

STDY

Page: 2

SUBJ NO. C COURSE TITLE CRED GRD PTS R

Institution Information continued:

PSY	2015A 1	Developmental Psychology	3.00	A-	11.01
PSY	3125A 1	Abnormal Child and Adol Psycho	3.00	B	9.00
PSY	3155A 1	Applied Behavioral Analysis	3.00	B	9.00
Ehrs: 15.00		GPA-Hrs: 15.00	Qpts: 52.02	GPA: 3.46	

GOOD STANDING

***** TRANSCRIPT TOTALS *****

Earned Hrs		GPA Hrs	Points	GPA
TOTAL INSTITUTION	90.00	90.00	252.00	2.80

TOTAL TRANSFER	0.00	0.00	0.00	0.00
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OVERALL	90.00	90.00	252.00	2.80
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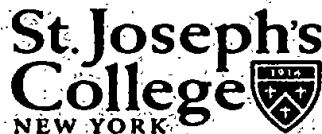
***** END OF TRANSCRIPT *****

ORIGINAL TRANSCRIPT GIVEN TO STUDENT.
NOT VALID UNLESS
RECEIVED IN SEALED ENVELOPE

REGISTRAR

JUN 03 2016

Fall 2016
 Spring _____
 Full Time .X
 Part Time _____



Major Business
 ID Number 0346681
 Phone 631-521-3098
 College(s) attended:
 Dowling

REVIEW OF TRANSFER RECORD

Core Curriculum - Effective Fall 2011

NAME **Michele Rex**
 ADDRESS **26 Wyandotte Ln**
East Islip NY 11730

The St. Joseph's College Core Curriculum includes courses which represent the areas of human knowledge and culture deemed essential for a liberal education—that is, for free men and women who must assume responsibility for directing their own lives and contributing to national and international decisions. By grouping the courses into five broad thematic areas, the College has indicated the relationships among the various disciplines and the importance of an interdisciplinary approach to the study of the liberal arts and sciences.

In order to ensure balance across the disciplines, students may offer no more than two courses from any particular discipline toward the requirements of the Thematic Areas of the core.

Quest for Meaning

6 Credits

Students are required to take two courses in this area.

Students will be able to formulate and articulate their own view of the meaning of human existence, morality and the "good life." Students should achieve a working knowledge of some of the ways in which humans have approached these big questions and attempted to answer them.

1. **PHL-1042C Ethics = PHI 160**
- 2.

Accepted	Pending	Needed
3 B-		
		1 QM

Global Perspectives

6 credits

Students are required to take two courses in this area.

Students will develop sufficient cross-cultural literacy to engage effectively the global community with sensitivity and open-mindedness. To that end, students will demonstrate an understanding of the world's peoples and culture, of the forces that bring peoples and cultures together, and demonstrate the ability to work collaboratively with people of diverse backgrounds.

1. **ECN-1001A Introductory Macro = ECO 120**
- 2.

Accepted	Pending	Needed
3 C		
		1 GP

Self and Society

9 Credits

Students are required to take one history course and two courses in different areas in the social sciences.

Students will be able to demonstrate familiarity with some basic concepts and methodological principles in at least two of the social sciences and will likewise be able to show that they are conversant with certain essential aspects of the historical method and perspective.

History

1.

Social Sciences

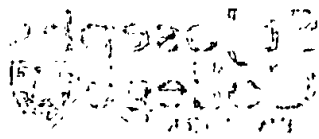
1. **PSY-1001A Introduction to Psychology = PSY 100**
2. **PSY-2015A Developmental Psychology = CS 101/CS 102**

Accepted	Pending	Needed
		History
3 B+		
3 A-		

C

Student Name:

NAME
ADDRESS
CITY
STATE
ZIP



NAME
ADDRESS
CITY
STATE
ZIP

REVIEW OF TRAINING RECORD

Course Completion Date: 11/1/69

NAME: [Name]
ADDRESS: [Address]
CITY: [City]
STATE: [State]
ZIP: [ZIP]

The following information was obtained from the training record of the individual named above. It is to be used for the purpose of determining the individual's progress in the training program and for the purpose of determining the individual's eligibility for advancement in the program.

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NAME

NAME

The following information was obtained from the training record of the individual named above. It is to be used for the purpose of determining the individual's progress in the training program and for the purpose of determining the individual's eligibility for advancement in the program.

NAME	ADDRESS	CITY	STATE	ZIP

NAME

NAME

NAME

The following information was obtained from the training record of the individual named above. It is to be used for the purpose of determining the individual's progress in the training program and for the purpose of determining the individual's eligibility for advancement in the program.

NAME	ADDRESS	CITY	STATE	ZIP

NAME

NAME

NAME

The following information was obtained from the training record of the individual named above. It is to be used for the purpose of determining the individual's progress in the training program and for the purpose of determining the individual's eligibility for advancement in the program.

NAME	ADDRESS	CITY	STATE	ZIP

NAME

The Mathematical, Physical and Natural World**9 Credits**

Students are required to take 3 courses in this area including one mathematics course and one lab science course.

Students will be able to use scientific and inquiry methods when working with mathematics and scientific information and use appropriate mathematical and scientific instruments and technology. They will also develop their ability to solve multi-step problems and construct logical arguments and demonstrate a proficiency in organizing, analyzing, synthesizing, and evaluating quantitative and qualitative information.

Lab Science MSC.1006C Elements of Oceanography = SCI MP1

Mathematics (not a computer course) MTH.1002A Fund of Math = MAT MP1

Additional Course *MTH-1006A Statistics = MAT 107/BUS 222

Accepted	Pending	Needed
3 C-		
3 C+		
3 C		

Human Expression**6 Credits**

Students are required to take two courses in this area.

Course offerings in this area develop an understanding of humankind through a wide range of literary, cultural, and aesthetic expressions. Students will also acquire skills to express themselves artistically and verbally and to appreciate the range of artistic expression throughout the human community.

- 1.
- 2.

Accepted	Pending	Needed
		SPC 102
		1 HE

Common Learning Area**6 credits**

The Core Curriculum includes two courses which form the basis for the general education program and are designed to improve student writing and communication skills and to introduce first-year students to college-level academic work and the college experience at St. Joseph's College through a topic-based seminar and a required First Year Experience Program.

1. ENG-103 Writing for Effective Communication

ENG-1001A Principles of Writing = ENG 103

2. SJC-100 Freshman Seminar/SJC 200 Transfer Seminar

Accepted	Pending	Needed
3 B+		
		SJC 200

Transfer Credit for:

	Accepted	Pending	Needed
FYE-1091A Career Bldg: Psych of Workplace = ele ele	3 B+		
VIS-1009C Basic Drawing = ART 183	3 B+		
MGT-1011N Intro to Mgt Theory & Practice = BUS 100	3 B		
PSY-3104C Const of Personal Identity = PSY ele	3 B+		
VIS-1023C Photography I = ART 280	3 B-		
ACC-2001N Intro to Financial Accounting I = ACC 200	3 C+		
CIS-1200N Intro to Info Systems Management = BUS 288/ COM 288	3 C		
MGT-2077A Business Law I = BUS 150	3 A-		
ACC-2002N Int to Financial Accounting II = ACC 211	3 A-		
MGT-3108N Labor Relations = BUS 232	3 A		
MGT-3146A Organizational Behavior = BUS 130	3 A		
ENG-2080A Blogging = ele ele	3 A-		
(NS) MGT-3111A Managerial Economics = BUS ele	3 B+		
PSY-3112C Theories of Personality = PSY 261	3 B-		
MGT-2075N Human Resources Management = BUS 230	3 A-		
MGT-4090N Project Management = BUS ele	3 A		
PSY-3125A Abnormal Psychology/Adol Psych = PSY 271	3 B		
PSY-3155A Applied Behavioral Analysis = PSY 325	3 B		

*Integrated Learning Area Fulfilled, Please See Below

The minimum residence requirements for a SJC degree is 30 credits.

Please note you may graduate with more than 128 credits.

A Bachelor of Arts degree requires 90 Liberal Arts credits: A Bachelor of Science degree requires 60 Liberal Arts credits.

Total number of credits:**Accepted 78****Pending 0**

Official evaluation completed by:

Joseph Benkert

Date:

6/2/2016

Revised

BM-7/25/16

Date:

Official Evaluations must be based on official transcripts accompanied by proper catalogue, and credits which are pending will not be accepted until all official transcripts have been received.

In addition to the Thematic Areas, students are required to complete courses in Integrated Learning Areas.

For fall 2014, freshmen must complete at least four of the following and transfers must complete three areas:

Writing Intensive (2 courses)

Technology Integrated (1 experience)

SJC Learning Communities (1 experience)

Service and Experiential Learning (1 experience)

Diversity Integrated (1 course)

III. Integrated Learning Areas

Student Name:

**Freshman Students must complete FOUR different areas.
Transfer Students must complete THREE different areas.**

1. Writing Intensive

Students are required to complete TWO courses in this area, ONE before their senior year.

2. Technology Integrated

Students are required to complete ONE experience in this area.

*MTH-1006A Statistics = MAT 107/BUS 222

3. SJC Learning Communities

Students are required to complete ONE experience in this area.

4. Service And Experiential Learning

Students are required to complete ONE experience in this area.

5. Diversity Integrated

Students are required to complete ONE experience in this area.

Students are required to complete ONE of the following projects.

1. Write a paper on the following topic: _____

☐☐

2. Research a topic and write a paper on it. _____

☐

3. Write a paper on the following topic: _____

☐

4. Write a paper on the following topic: _____

☐

5. Write a paper on the following topic: _____

☐

ST. JOSEPH'S COLLEGE
PROGRAM EVALUATION SUMMARY

Revised and Updated

DATE: February 16, 2017

DIPLOMA WILL BE DATED: January 2018

DIPLOMA WILL BE AVAILABLE: February 2018

DIPLOMA NAME: Michele Nicole Rex

ID#: 0346681

DEGREE: Bachelor of Science

MAJOR: Business Administration

MINOR:

*All diplomas will be issued upon commencement. Diplomas, however, will be dated either August, January or May/June according to your semester of completion. **PLEASE VERIFY YOUR DIPLOMA NAME.***

Break-down of credit is as follows:

<u>78</u>	Transfer Credit (on SJC transcript)
<u>16</u>	St. Joseph's College Credit Completed
<u>-</u>	Proficiency Exams (DSST CLEP NYU)
<u>-</u>	PELA
<u>15</u>	Credits In Progress Sp'17 BUS140 ENG110 ENG114 MAT200 SPC222
<u>24</u>	Additional Credits needed (All degree requirements must be completed prior to date of commencement)
<u>133</u>	TOTAL CREDITS (120 credits required)

COURSES REQUIRED:

<u>Quest for Meaning</u>	<u>*Graduation upon successful completion of</u>
<u>Self and Society</u>	<u>Spring 2017 coursework plus 24 credits.</u>
<u>SJC Lrng/Service or Diversity area</u>	
<u>BUS 151</u>	
<u>BUS 219</u>	
<u>BUS 275</u>	
<u>BUS 472</u>	
<u>COM 141</u>	

Note: Students with outstanding course work or missing credentials will not be permitted to graduate. A diploma will not be issued and the student may not attend commencement.



Sincerely,
 Laurie Seifert
 Assistant Registrar
 631-687-1416 lseifert@sjcnyc.edu

PLEASE NOTIFY THE REGISTRAR OF ANY CHANGE IN THE ABOVE INFORMATION PRIOR TO GRADUATION.

**ST. JOSEPH'S COLLEGE
PROGRESS EVALUATION SUMMARY**

Revised and updated

DIPLOMA WILL BE AVAILABLE February 2018
DIPLOMA WILL BE DATED January 2018
DATE: February 16, 2017

STUDENT NAME: Michael Nicholas

MAJOR: Business Administration
DEGREE: Bachelor of Science
ID#: 0348921

The diploma will be issued upon announcement. Diploma however, will be dated either August, January, or May depending on the semester of completion. **PLEASE VERIFY YOUR DIPLOMA DATE**

Breakdown of credit is as follows:

ST. JOSEPH'S COLLEGE CREDIT COMPLETED	78
PROGRESS EVALUATION (ST. JOSEPH'S)	12
TRANSFER CREDIT (ON 210 TRANSFER)	0
CREDIT IN PROGRESS (ST. JOSEPH'S) ENG 110 ENG 114 MAT 100	12
ADDITIONAL CREDITS NEEDED (All degree requirements must be completed prior to date of commencement)	24
TOTAL CREDITS (120 credits required)	112

COURSES REQUIRED:

General Accounting	ACC 201
Self and Society	PSY 201
College of Diversity and Inclusion	EDU 201
Business Ethics	ETH 201
Business Law	BLA 201
Business Statistics	STA 201
Business Writing	WRT 201
Business Research	RES 201

Students with outstanding financial obligations will not be permitted to graduate. Diploma will not be issued and the student may not attend commencement.

Director

Academic Affairs

St. Joseph's College

631-687-1416

PLEASE VERIFY THE REGISTRY OF THE ACADEMIC RECORDS PRIOR TO

ST. JOSEPH'S COLLEGE

3/7/2017

Home - Student

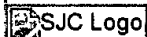
St. Joseph's College Portal > Student > WebAdvisor

SJC Transcript - Unofficial

SJC Web Transcript

Date: 03/07/2017

Rex, Michele N. ID:0346681



26 Wyandotte Lane
East Islip NY 11730
UNITED STATES

Course Work

Course	Title	Grade	Credit	Course	Title	Grade	Credit
UNDERGRADUATE TRANSCRIPT				SPRING 2017 (01/19/2017 to 05/19/2017)			
Dowling College				BUS-140	MICROCOMPUTER APPLICATIONS I	CIP	
ACC-200	FUND OF FINANCIAL ACCOUNTING	3.00	ENG-110	COMMUNICATION/PROFESSIONALSCIP			
ACC-211	FINANCIAL ACCOUNTING	3.00	ENG-114	INTRODUCTION TO POETRY	CIP		
ART-183	DRAWING I	3.00	MAT-200	MATH/BUSINESS & ECONOMICS	CIP		
ART-280	PHOTOGRAPHY AS AN ART I	3.00	SPC-222	NONVERBAL COMMUNICATION	CIP		
BUS-100	PROCESS OF MANAGEMENT	3.00					
BUS-130	ORGANIZATIONAL BEHAVIOR	3.00	TERM CR:		0.00	0.00	0.00
BUS-150	BUSINESS LAW I	3.00	CUM CR:		94.00	15.00	36.90
BUS-230	HUMAN RESOURCE MANAGEMENT	3.00	PROGRAM:	Business Administration, B.S.			2.460
BUS-232	LABOR RELATIONS	3.00	END OF TRANSCRIPT				
BUS-288	BUSINESS SYSTEMS & DESIGN	3.00					
BUS-ELE	ELECTIVE CREDIT	3.00					
BUS-ELE	ELECTIVE CREDIT	3.00					
CS-101	CHILD PSY/DEVELOPMENT I	3.00					
CS-102	CHILD PSY/DEVELOPMENT II	0.00					
ECO-120	MACROECONOMICS	3.00					
ELE-ELE	ELECTIVE CREDIT	3.00					
ENG-103	WRITING/EFFECTIVE COMMUN	3.00					
ENG-ELE	ELECTIVE CREDIT	3.00					
MAT-107	INTRO/PROBABILITY/STATISTICS	3.00					
MAT-MP1	MATH/PHYSICAL/NATURAL WORLD	3.00					
PHI-160	INTRODUCTION TO ETHICS	3.00					
PSY-100	INTRODUCTION TO PSYCHOLOGY	3.00					
PSY-261	PSYCHOLOGY OF PERSONALITY	3.00					
PSY-271	ABNORMAL PSYCHOLOGY	3.00					
PSY-325	APPLIED BEHAVIOR ANALYSIS	3.00					
PSY-ELE	ELECTIVE CREDIT	3.00					
SCI-MP1	MATH/PHYSICAL/NATURAL WORLD	3.00					
	Cred GPA Cred QP GPA						
TRNF CR:	78.00	0.00	0.00	0.000			
CUM CR:	78.00	0.00	0.00	0.000			
FALL 2016 (08/29/2016 to 12/20/2016)							
ACC-241	MANAGERIAL ACCOUNTING	D	3.00				
ECO-226	MICROECONOMICS	C	3.00				
MAT-111	COLLEGE ALGEBRA	B-	3.00				
MKT-200	MARKETING	B+	3.00				
SJC-200	TRANSFER SEMINAR	P	1.00				
SPC-102	SPEECH COMMUNICATION	B+	3.00				
	Cred GPA Cred QP GPA						
TERM CR:	16.00	15.00	36.90	2.460			
CUM CR:	94.00	15.00	36.90	2.460			

E

Addl classes taken
to date to make up
needed credits.

1000-1000

1000-1000

2018-2019

2018-2019

2018-2019

2018-2019


2018-2019

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2018-2019

2018-2019

Item	Quantity	Unit Price	Total Price
1. 2018-2019	1	1000	1000
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98. 2018-2019	1	1000	1000
99. 2018-2019	1	1000	1000
100. 2018-2019	1	1000	1000

FILER'S name, street address, city, state, and ZIP code SAINT JOSEPH'S COLLEGE 155 WEST ROE BOULEVARD PATCHOGUE, NY 11772 TRA Customer Service 800-223-0043		1 Payments received for qualified tuition and related expenses \$.00	OMS No. 154-1574 2016 Form 1098-T	Tuition Statement <input type="checkbox"/> CORRECTED (if checked)
FILER'S Federal identification no. 11-1733439 FILER'S 1098-T contact name Burnar and phone (631)687-4555		2 Amounts billed for qualified tuition and related expenses \$ 25100.00	3 Reporting method changed for 2016 (if checked) <input type="checkbox"/>	Student's Social Security Number <div style="background-color: black; width: 100px; height: 1em;"></div>
000000069800000013557 MICHELE N REX 26 WYANDOTTE LANE EAST ISLIP NY 11730 		4 Adjustments made for a prior year \$.00	5 Scholarships or grants \$ 3506.50	Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service
		6 Adjustments to scholarships or grants for a prior year \$.00	7 The amount in box 1 or 2 includes amounts for an academic period beginning January - March 2017 (if checked) <input checked="" type="checkbox"/>	
		8 At least half-time student (if checked) <input checked="" type="checkbox"/>	9 Graduate Student (if checked) <input type="checkbox"/>	
			10	

Form 1098-T

(keep for your records)

Department of the Treasury - Internal Revenue Service

YOU MAY BE ABLE TO REDUCE YOUR FEDERAL TAX LIABILITY!

An eligible educational institution, such as a college or university in which you are enrolled, and an insurer who makes reimbursements or refunds of qualified tuition and related expenses to you must furnish this statement to you. You, or the person who can claim you as a dependent, may be able to claim an education credit on Form 1040 or 1040A, only for the qualified tuition and related expenses that were actually paid in 2016. To see if you qualify for the credit, see Pub. 970, Tax Benefits for Education; Form 8863, Education Credits; and the Form 1040 or 1040A instructions.

Student's identification number. For your protection, this form may show only the last four digits of your social security number (SSN). Individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Institutions may report either payments received during the calendar year in box 1 or amounts billed during the calendar year in box 2. The amount shown in box 1 or 2 may represent an amount other than the amount actually paid in 2016. Your institution must include its name, address, and information contact telephone number on this statement. It may also include contact information for a service provider. Although the filer or the service provider may be able to answer certain questions about the statement, do not contact the filer or the service provider for explanations of the requirements for (and how to figure) any education credit that you may claim.

Account number. May show an account or other unique number the filer assigned to distinguish your account.

Box 1. Shows the total payments received in 2016 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2016 that relate to those payments received during 2016.

Box 2. Shows the total amounts billed in 2016 for qualified tuition and related expenses less any reductions in charges made during 2016 that relate to those amounts billed during 2016.

Box 3. Shows whether your institution changed its method of reporting for 2016. It has changed its method of reporting if the method (payments received or amounts billed) used for 2016 is different than the reporting method used for 2015. You should be aware of this change in figuring your education credits. The credits are allowable only for amounts actually paid during the year and not amounts reported as billed, but not paid, during the year.

Box 4. Shows any adjustment made for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit that you claimed for the prior year (may result in an increase in tax liability for the year of the refund). See "recapture" in the index to Pub. 970 to report a reduction in your education credit or tuition and fees deduction.

Box 5. Shows the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of the education credit you claim for the year.

Box 6. Shows adjustments to scholarships or grants for a prior year. This amount may affect the amount of any allowable tuition and fees deduction or education credit that you claimed for the prior year. You may have to file an amended income tax return (Form 1040X) for the prior year.

Box 7. Shows whether the amount in box 1 or 2 includes amounts for an academic period beginning January-March 2017. See Pub. 970 for how to report these amounts.

Box 8. Shows whether you are considered to be carrying at least one-half the normal full-time workload for your course of study at the reporting institution. If you are at least a half-time student for at least one academic period that begins during the year, you meet one of the requirements for the American opportunity credit. You do not have to meet the workload requirement to qualify for the lifetime learning credit.

Box 9. Shows whether you are considered to be enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential.

Box 10. Shows the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any education credit you can claim for the year (may result in an increase in tax liability for the year of the refund).

St. Joseph's College cannot determine if you qualify for a tax credit. The financial data provided is to assist you in computing amounts that may be eligible for the American Opportunity Tax Credit (formerly the Hope or Lifetime Learning Tax Credit). It does not represent tax or legal advice from the College. If you believe you might qualify, you should consult IRS Publication 970 or your tax professional.

To access additional copies of this form or previous year's forms, go to the TRA website at <http://tra.vangent.com> click on 'First Time Students' and follow the directions to establish an account to download a pdf of this form.

IMPORTANT TAX INFORMATION

F

900609554 Michele Rex
Mar 06, 2017 09:52 pm

Account Summary by Term

 This is your account summary by term. Anticipated third party contract payments, financial aid, and memos are **NOT** included in the summary.

One common reason your aid may not be deducted from your bill is that you did not register for the same number of credits you planned to take when you filed the financial aid form. If you think this situation applies to you, please call 1-800-DOWLING.

Remember, your financial aid will not be subtracted from your bill unless all requested and required paperwork is submitted.

It is important to understand that many students still have a balance due even after all financial aid has been subtracted. Any balance due at that time is the responsibility of the student and must be paid in full or arranged in a deferred payment plan at this time.

Please click the **Make a Payment** link at the bottom of the page to make a payment via the web.

Summary

Account Balance: \$0.00

Winter/Spring 2015

Description	Charge	Payment	Balance
Undergraduate Tuition	\$14,550.00		\$0.00
Installment Principal	\$5,759.20		\$0.00
Installment Fee-non refundable	\$30.00		\$0.00
Grant in Aid Continuing		\$3,352.00	\$0.00
NYS Tuition Assistance (TAP)		\$318.00	\$0.00
Direct Unsubsidized Loan		\$990.00	\$0.00
Direct Loan - Subsidized		\$2,721.00	\$0.00
Installment Deferral		\$5,759.20	\$0.00
Mastercard Automated Payment		\$5,759.20	\$0.00
MC Payment - Thank you		\$1,439.80	\$0.00
Term Charges:	\$20,339.20		
Term Credits and Payments:	\$20,339.20		
Term Balance:	\$0.00		

Fall 2015

Description	Charge	Payment	Balance
Undergraduate Tuition	\$14,550.00		\$0.00
Installment Principal	\$5,758.40		\$0.00
Installment Fee-non refundable	\$30.00		\$0.00
Grant in Aid Continuing		\$3,352.00	\$0.00
NYS Tuition Assistance (TAP)		\$318.00	\$0.00
Direct Unsubsidized Loan		\$990.00	\$0.00
Direct Loan - Subsidized		\$2,721.00	\$0.00
Installment Deferral		\$5,758.40	\$0.00
Mastercard Automated Payment		\$5,759.40	\$0.00
MC Payment - Thank you		\$1,439.60	\$0.00
Term Charges:	\$20,338.40		
Term Credits and Payments:	\$20,338.40		
Term Balance:	\$0.00		



1. *Pharmaceutical industry*—United States—History. I. Title. II. Series.

3.

1. The first group of people who are interested in the study of the history of the United States are the people who are interested in the history of the United States.

100

3/6/2017

Account Summary by Term

Winter/Spring 2015

Description	Charge	Payment Balance
Undergraduate Tuition	\$14,550.00	\$0.00
Installment Principal	\$4,920.75	\$0.00
Installment Fee-non refundable	\$60.00	\$0.00
Grant in Aid Continuing	\$3,352.00	\$0.00
NYS Tuition Assistance (TAP)	\$1,481.00	\$0.00
Direct Unsubsidized Loan	\$990.00	\$0.00
Direct Loan - Subsidized	\$2,226.00	\$0.00
Installment Deferment	\$4,920.75	\$0.00
Visa Automated Payment	\$1,640.25	\$0.00
Visa Pmt - Thank you	\$4,920.75	\$0.00
Term Charges:	\$19,530.75	
Term Credits and Payments:	\$19,530.75	
Term Balance:	\$0.00	

Fall 2014

Description	Charge	Payment Balance
Undergraduate Tuition	\$14,550.00	\$0.00
Installment Principal	\$5,224.80	\$0.00
Transcript Fee	\$10.00	\$0.00
Installment Fee-non refundable	\$30.00	\$0.00
Grant in Aid Continuing	\$3,352.00	\$0.00
NYS Tuition Assistance (TAP)	\$1,481.00	\$0.00
Direct Unsubsidized Loan	\$990.00	\$0.00
Direct Loan - Subsidized	\$2,226.00	\$0.00
Installment Deferment	\$5,224.80	\$0.00
Visa Automated Payment	\$5,224.80	\$0.00
MC Payment - Thank you	\$10.00	\$0.00
Visa Pmt - Thank you	\$1,306.20	\$0.00
Term Charges:	\$19,814.80	
Term Credits and Payments:	\$19,814.80	
Term Balance:	\$0.00	

Winter/Spring 2014

Description	Charge	Payment Balance
Undergraduate Tuition	\$13,295.00	\$0.00
College Fee	\$590.00	\$0.00
Technology Fee	\$135.00	\$0.00
Student Activity Fee	\$75.00	\$0.00
Installment Principal	\$7,533.00	\$0.00
Health Services Fee	\$100.00	\$0.00
Transcript Fee	\$10.00	\$0.00
Installment Fee-non refundable	\$60.00	\$0.00
Dowling UG Grant Freshmen	\$1,500.00	\$0.00
NYS Tuition Assistance (TAP)	\$2,500.00	\$0.00
Direct Loan - Subsidized	\$1,732.00	\$0.00
Direct Loan - Unsubsidized	\$990.00	\$0.00
Installment Deferment	\$7,533.00	\$0.00
Visa Automated Payment	\$7,533.00	\$0.00
MC Payment - Thank you	\$10.00	\$0.00
Term Charges:	\$21,798.00	
Term Credits and Payments:	\$21,798.00	
Term Balance:	\$0.00	

Fall 2013

Description	Charge	Payment Balance
Undergraduate Tuition	\$13,295.00	\$0.00

[illegible]

Total Balance:		Total Charges:	
100.00	100.00	100.00	100.00
20.00	20.00	20.00	20.00
30.00	30.00	30.00	30.00
40.00	40.00	40.00	40.00
50.00	50.00	50.00	50.00
60.00	60.00	60.00	60.00
70.00	70.00	70.00	70.00
80.00	80.00	80.00	80.00
90.00	90.00	90.00	90.00
100.00	100.00	100.00	100.00

Total Expenses		Total Income	
100.00	100.00	100.00	100.00
20.00	20.00	20.00	20.00
30.00	30.00	30.00	30.00
40.00	40.00	40.00	40.00
50.00	50.00	50.00	50.00
60.00	60.00	60.00	60.00
70.00	70.00	70.00	70.00
80.00	80.00	80.00	80.00
90.00	90.00	90.00	90.00
100.00	100.00	100.00	100.00

Classification of the
document is as follows:

3/6/2017

Account Summary by Term

College Fee	\$590.00	\$0.00
Technology Fee	\$135.00	\$0.00
Student Activity Fee	\$75.00	\$0.00
Installment Principal	\$6,152.09	\$0.00
Health Services Fee	\$100.00	\$0.00
Installment Fee-non refundable	\$0.00	\$0.00
Tuition Deposit Cash	\$225.00	\$0.00
Dowling UG Grant Freshmen	\$1,500.00	\$0.00
NYS Tuition Assistance (TAP)	\$2,500.00	\$0.00
Direct Loan - Subsidized	\$1,732.00	\$0.00
Direct Loan - Unsubsidized	\$990.00	\$0.00
Installment Deferment	\$6,152.09	\$0.00
Visa Automated Payment	\$4,921.64	\$0.00
Visa PlanPayment-Thank you	\$1,095.95	\$0.00
Visa Pmt - Thank you	\$1,230.41	\$0.00
Term Charges:	\$20,347.09	
Term Credits and Payments:	\$20,347.09	
Term Balance:	\$0.00	
Account Balance:	\$0.00	

RELEASE: 8.5.4.4

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DOWLING

THE PERSONAL COLLEGE

TUITION REPAYMENT AGREEMENT

MICHAEL REX

Student Name (Please Print)

900609554
(900609554)

Student ID Number

@dowling.edu

210 WILKINSON BLVD

Home Street Address

631 521-3243

Daytime Telephone Number

631 277-0173

Evening Telephone Number

EAST RIVER

City

NY

State

11730

Zip Code (+ 4)

Fall 2013

Semester/Year

15

of Credits

UNEMPLOYED NO

Graduate or Undergraduate Dorm

1. Account Balance \$ 14195.00 + Service Charge \$ WANTED = Total Account Balance Due..... \$ 14195.00
 2. Estimated Financial Aid* \$ 6812.50 + Deposits and Payments \$ = Total Deductions..... \$ 6812.50
 3. Total Account Balance Due..... \$ 7382.50
 4. Payment Received with Repayment Agreement..... 1st Payment..... \$ 1230.41
 5. Total Repayment Amount (Total Account Balance Due - Payment Received with Repayment Agreement)..... \$ 6152.09
 6. Total Repayment Amount \$ 6152.09 : Number of Monthly Installments 5 = Monthly Installment Amount*..... \$ 1230.41

I agree to pay the Monthly Installment Amount each month no later than: 7/7/13 - 11/7/13 (X) (initial here)

*All Financial Aid awards are considered estimated and may be subject to change.

CREDITOR	ANNUAL % RATE (APR)	APPLICATION FEE	AMOUNT FINANCED	TOTAL AMOUNT OF PAYMENTS	
Dowling College	Prime + 3% (SEE REVERSE)	<u>SWANED</u>	\$ <u>6152.09</u> (LINE #5, ABOVE)	\$ <u>6152.09</u> (LINE #5, ABOVE)	(X) <u>NR</u> INITIAL HERE

Credit Card authorization is required when you enroll in the Monthly Installment Plan. You are authorizing the College to charge a designated credit card on a monthly basis. Only if payment is not received by the due date(s) indicated on the agreement for the semester will the credit card be charged for the installment amount. Debit Cards with a credit card logo are also accepted. If the College is unable to secure payment when processing this card, the above student account will be charged an additional late fee. The final monthly payment will be charged for the remaining balance on your student account for the semester, whether it is more or less than the agreed-upon installment amount.

I give Dowling College authorization to charge the ☒ MasterCard ☐ Visa ☐ American Express ☐ Discover Credit Card No. ending with the last four digits of: _____ in the amount of the Monthly Installment Amount on or about the stated payment dates, as well as the remaining balance on my student account for the semester for my final monthly payment, whether it is more or less than the agreed-upon installment amount.

Cardholder's Signature: Michael RexDate: 6-11-2013

I have read the Agreement Terms and Conditions on the back of this agreement and understood all provisions associated with this contract. I agree to pay Dowling College the amount(s) due as above set forth. Parent or guardian signature is needed if the student has not reached his or her 18th birthday.

Signature of Student: Michael RexDate: 6/11/13

Signature of Co-signer

(Print Co-signer Name)

Credit/Debit Card: ☐ MasterCard ☒ Visa ☐ American Express ☐ Discover Credit Card No.: _____

Expiration Date: _____ Authorization Code: _____ (the 4-digit # on front of American Express; the 3-digit # on back of MasterCard, Visa, Discover)

Cardholder's Name (as appears on card): _____

Cardholder's complete billing address: _____

Zip code: _____

Cardholder's Daytime Phone No.: _____

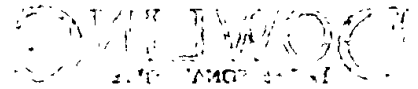
Evening Phone No.: _____

Cell Phone No.: _____

Email Address: _____



INVESTIGATIVE MATTERS NOTICE



TO: [Redacted] FROM: [Redacted] DATE: [Redacted]

SUBJECT: [Redacted]

RE: [Redacted]

[Redacted text block]

[Redacted text block]

[Redacted text block]

NAME	POSITION	ORGANIZATION	ADDRESS	PHONE
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

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MICHELE REX

Student Name (Please Print)

900-609-554

Student ID Number

mxn202 @dowling.edu

Dowling E-mail Address

26 Wyandotte Lane

Home Street Address

631-277-0173

Daytime Telephone Number

631-277-0173

Evening Telephone Number

EAST ISLIP NY 11730

City

State

Zip Code (+ 4)

Fall 2014 45

Semester/Year

of Credits

Undergrad.

Graduate or Undergraduate

Dorm

1. Account Balance \$ 14,550 + Service Charge \$ 60 = Total Account Balance Due..... \$ 14,610
 2. Estimated Financial Aid* \$ 8,049 + Deposits and Payments \$ _____ = Total Deductions..... \$ 8,049
 3. Total Account Balance Due \$ 6,561
 4. Payment Received with Repayment Agreement 1245 12/8/15 \$ 1,640.25
 5. Total Repayment Amount (Total Account Balance Due - Payment Received with Repayment Agreement) \$ 4,920.75
 6. Total Repayment Amount \$ 4,920.75: Number of Monthly Installments 3 = Monthly Installment Amount* \$ 1,640.25

I agree to pay the Monthly Installment Amount each month no later than: 1/1 2/1 3/1 2015 (initial here) CR

*All Financial Aid awards are considered estimated and may be subject to change.

CREDITOR	ANNUAL % RATE (APR)	APPLICATION FEE	AMOUNT FINANCED	TOTAL AMOUNT OF PAYMENTS	INITIAL HERE
Dowling College	Prime + 3% (SEE REVERSE)	\$ <u>60</u>	\$ <u>4,920.75</u> (LINE #5, ABOVE)	\$ <u>4,920.75</u> (LINE #5, ABOVE)	<u>CR</u>

Credit Card authorization is required when you enroll in the Monthly Installment Plan. You are authorizing the College to charge a designated credit card on a monthly basis. Only if payment is not received by the due date(s) indicated on the agreement for the semester will the credit card be charged for the installment amount. Debit Cards with a credit card logo are also accepted. If the College is unable to secure payment when processing this card, the above student account will be charged an additional late fee. The final monthly payment will be charged for the remaining balance on your student account for the semester, whether it is more or less than the agreed-upon installment amount.

I give Dowling College authorization to charge the ☒ MasterCard ☐ Visa ☐ American Express ☐ Discover Credit Card No. ending with the last four digits of: 7363 in the amount of the Monthly Installment Amount on or about the stated payment dates, as well as the remaining balance on my student account for the semester for my final monthly payment, whether it is more or less than the agreed-upon installment amount.

Cardholder's Signature: [Signature] Date: 12-02-2014

I have read the Agreement Terms and Conditions on the back of this agreement and understood all provisions associated with this contract. I agree to pay Dowling College the amount(s) due as above set forth. Parent or guardian signature is needed if the student has not reached his or her 18th birthday.

Signature of Student: [Signature] Date: 12/2/14 Signature of Co-signer: _____ (Print Co-signer Name)

Credit/Debit Card: ☐ MasterCard ☒ Visa ☐ American Express ☐ Discover Credit Card No.: _____

Expiration Date: _____ Authorization Code: _____ (the 4-digit # on front of American Express; the 3-digit # on back of MasterCard, Visa, Discover)

Cardholder's Name (as appears on card): _____

Cardholder's complete billing address: _____

Zip code: _____

Cardholder's Daytime Phone No.: _____ Evening Phone No.: _____ Cell Phone No.: _____

Email Address: _____



[REDACTED]

[REDACTED]

[REDACTED]



TUITION REPAYMENT AGREEMENT

Michele Rex 900609554 Mxr/26 @dowling.edu
 Student Name (Please Print) Student ID Number Dowling E-mail Address
26 Wyandotte Lane (631) 521-3098 (631) 277-0173
 Home Street Address Daytime Telephone Number Evening Telephone Number
East Islip NY 11730 2015/09 15 Undergraduate
 City State Zip Code (+ 4) Semester/Year # of Credits Graduate or Undergraduate Dorm

1. Account Balance \$ 14,550.00 + Service Charge \$ 301.00 = Total Account Balance Due \$ 14,851.00
 2. Estimated Financial Aid* \$ 7,382.00 + Deposits and Payments \$ = Total Deductions \$ 7,382.00
 3. Total Account Balance Due = \$ 7,469.00
 4. Payment Received with Repayment Agreement = \$ 4,439.60
 5. Total Repayment Amount (Total Account Balance Due - Payment Received with Repayment Agreement) = \$ 3,029.40
 6. Total Repayment Amount \$ 3,029.40 : Number of Monthly Installments 4 = Monthly Installment Amount* = \$ 757.35

I agree to pay the Monthly Installment Amount each month no later than: 08/7/15 → 11/7/15 (X) *Initial Here

*All Financial Aid awards are considered estimated and may be subject to change.

CREDITOR	ANNUAL % RATE (APR)	APPLICATION FEE	AMOUNT FINANCED	TOTAL AMOUNT OF PAYMENTS	INITIAL HERE
Dowling College	Prime + 3% (SEE REVERSE)	\$ <u>301.00</u>	\$ <u>5,758.40</u> (LINE #5, ABOVE)	\$ <u>5,758.40</u> (LINE #5, ABOVE)	(X) <u>[Signature]</u>

Credit Card authorization is required when you enroll in the Monthly Installment Plan. You are authorizing the College to charge a designated credit card on a monthly basis. Only if payment is not received by the due date(s) indicated on the agreement for the semester will the credit card be charged for the installment amount. Debit Cards with a credit card logo are also accepted. If the College is unable to secure payment when processing this card, the above student account will be charged an additional late fee. The final monthly payment will be charged for the remaining balance on your student account for the semester, whether it is more or less than the agreed-upon installment amount.

I give Dowling College authorization to charge the ☒ MasterCard ☐ Visa ☐ American Express ☐ Discover Credit Card No. ending with the last four digits of: 3869 in the amount of the Monthly Installment Amount on or about the stated payment dates, as well as the remaining balance on my student account for the semester for my final monthly payment, whether it is more or less than the agreed-upon installment amount.

Cardholder's Signature: [Signature] Date: 7-07-2015

I have read the Agreement Terms and Conditions on the back of this agreement and understood all provisions associated with this contract. I agree to pay Dowling College the amount(s) due as above set forth. Parent or guardian signature is needed if the student has not reached his or her 18th birthday.

Signature of Student _____ Date _____ Signature of Co-signer _____ (Print Co-signer Name) _____

Credit/Debit Card: ☒ MasterCard ☐ Visa ☐ American Express ☐ Discover Credit Card No.: [REDACTED]

Expiration Date: [REDACTED] Authorization Code: [REDACTED] (the 4-digit # on front of American Express; the 3-digit # on back of MasterCard, Visa, Discover)

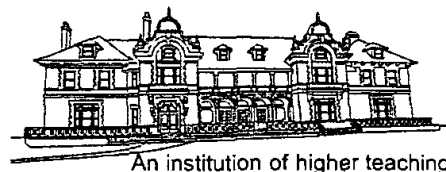
Cardholder's Name (as appears on card): CHARLES M REX

Cardholder's complete billing address: 26 Wyandotte Lane

EAST ISLIP NEW YORK Zip code: 11730

Cardholder's Daytime Phone No.: 631-277-0173 Evening Phone No.: 631-277-0173 Cell Phone No.: (631) 316-1907

Email Address: SHIP REX53@yahoo.com



**Bethpage**
Federal Credit Union**Young Adult Checking Summary — [REDACTED] CONTINUED****Transactions for Young Adult Checking — [REDACTED]**

Date	Description	Debits	Credits	Balance
09/01	Point Of Sale Withdrawal CHIPOTLE 1159 435 WALT WHITMAN ROAD HUNTINGTON STNYUS	-9.94		28.80
09/01	Point Of Sale Withdrawal STARBUCKS CARD RELOAD 2401 Utah Ave South 800-782-7282 WA	-10.00		18.80
09/01	Point Of Sale Withdrawal KING KULLEN #23 Manor Ln. + Sunrise Bayshore NYUS	-2.75		16.05
09/01	Point Of Sale Withdrawal KING KULLEN #23 Manor Ln. + Sunrise Bayshore NYUS	-8.68		7.37
09/01	Deposit Mobile Banking Transfer From Acct# [REDACTED]		30.00	37.37
09/01	Deposit Mobile Banking Transfer From Acct# [REDACTED]		10.00	47.37
09/02	Point Of Sale Withdrawal WAL-MART #2917 1850 VETERANS HWY ISLANDIA NYUS	-43.92		3.45
09/02	Deposit Mobile Banking Transfer From Acct# [REDACTED]		15.00	18.45
09/02	Point Of Sale Withdrawal CULINART #416 @ DOWLIN 159 IDLE HOUR BLVD. OAKDALE N	-2.17		16.28
09/02	Point Of Sale Withdrawal DD/BR #342188 Q35 1243 MONTAUK HWY OAKDALE NY	-2.16		14.12
09/02	Deposit Mobile Banking Transfer From Acct# [REDACTED]		65.00	79.12
09/02	Deposit Mobile Banking Transfer From Acct# [REDACTED]		10.00	89.12
09/02	Point Of Sale Withdrawal DOWLING-COLL-BK IDLE HOUR BLVD OAKDALE NYUS <i>Textbook for MITH1000A "Operations Research"</i>	-68.75		20.37
09/03	Deposit Mobile Banking Transfer From Acct# [REDACTED]		10.00	30.37
09/03	Point Of Sale Withdrawal CULINART #416 @ DOWLIN 159 IDLE HOUR BLVD. OAKDALE N	-7.55		22.82
09/03	Point Of Sale Withdrawal CULINART #416 @ DOWLIN 159 IDLE HOUR BLVD. OAKDALE N	-1.96		20.86
09/03	Point Of Sale Withdrawal DD/BR #342188 Q35 1243 MONTAUK HWY OAKDALE NY	-2.16		18.70
09/03	Point Of Sale Withdrawal KING KULLEN #23 Manor Ln. + Sunrise Bayshore NYUS	-2.75		15.95
09/03	Deposit Mobile Banking Transfer From Acct# [REDACTED]		10.00	25.95

I

Continued on next page

Continued on next page

Case	Description	Amount	Credits
0000	Point of Sale - Highway CHICAGO	10.00	
0001	Point of Sale - Highway CHICAGO	10.00	
0002	Point of Sale - Highway CHICAGO	10.00	
0003	Point of Sale - Highway CHICAGO	10.00	
0004	Point of Sale - Highway CHICAGO	10.00	
0005	Point of Sale - Highway CHICAGO	10.00	
0006	Point of Sale - Highway CHICAGO	10.00	
0007	Point of Sale - Highway CHICAGO	10.00	
0008	Point of Sale - Highway CHICAGO	10.00	
0009	Point of Sale - Highway CHICAGO	10.00	
0010	Point of Sale - Highway CHICAGO	10.00	
0011	Point of Sale - Highway CHICAGO	10.00	
0012	Point of Sale - Highway CHICAGO	10.00	
0013	Point of Sale - Highway CHICAGO	10.00	
0014	Point of Sale - Highway CHICAGO	10.00	
0015	Point of Sale - Highway CHICAGO	10.00	
0016	Point of Sale - Highway CHICAGO	10.00	
0017	Point of Sale - Highway CHICAGO	10.00	
0018	Point of Sale - Highway CHICAGO	10.00	
0019	Point of Sale - Highway CHICAGO	10.00	
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0043	Point of Sale - Highway CHICAGO	10.00	
0044	Point of Sale - Highway CHICAGO	10.00	
0045	Point of Sale - Highway CHICAGO	10.00	
0046	Point of Sale - Highway CHICAGO	10.00	
0047	Point of Sale - Highway CHICAGO	10.00	
0048	Point of Sale - Highway CHICAGO	10.00	
0049	Point of Sale - Highway CHICAGO	10.00	
0050	Point of Sale - Highway CHICAGO	10.00	

Continued on next page



View order details

Order date Jan 12, 2015
Order # 106-4811857-0744204
Order total \$17.90 (1 item) w/ taxes + shipping
* Textbook for ECN2002A - Introductory Microeconomics

Shipment details

Standard Shipping

Shipped

Jan 20, 2015 - Feb 4, 2015



Microeconomics \$13.91

Qty: 1

Sold By: goodwillnyonline

Contact Seller

Payment information

ST. LOUIS, MO. 63101

ST. LOUIS, MO. 63101

ST. LOUIS, MO. 63101

ST. LOUIS, MO. 63101

ST. LOUIS, MO. 63101

ST. LOUIS, MO. 63101

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ST. LOUIS, MO. 63101

ST. LOUIS, MO. 63101

From: Bonanza no-reply@bonanza.com
Subject: Your Bonanza transaction is complete
Date: Sep 1, 2016, 8:41:51 AM
To: mrex@student.sjcnny.edu

[View this email in your browser](#)



[account dashboard](#) | [my messages](#) | [bonanza.com](#)

[collectibles](#) [crafts](#) [home & garden](#) [fashion](#) [health & beauty](#) [all categories](#)

Your Bonanza purchase from batistuta25 is complete!

Michele, you made a purchase from a seller on Bonanza, and we're happy to report that it was processed successfully.

Order #41978381 sold by batistuta25			Contact the seller
College Algebra 9th Edition (eBook, PDF, eTextbook)			
Price each	Qty	Total	
\$25.99	1	\$25.99	
			Subtotal \$25.99
			Shipping FREE
			Order Total \$25.99
			Payment Type Paypal
			Shipping Address
			Michele Rex
			26 Wyandotte Lane
			East Islip, NY 11730

Got a question? Need to make a change?

Batistuta25 (your seller) has the most accurate, up to date info about your order. For questions, changes, and other order information we recommend contacting the other seller directly.

[Contact the seller](#)

When will I receive my package?

ORIGIN ID: COPA (631) 470-5153
 ATTN: SIMON MARCUS
 US BANKRUPTCY COURT-EASTERN DIST.
 CENTRAL ISIP
 290 FEDERAL PLAZA
 CENTRAL ISIP NY 11722
 UNITED STATES US

SHIP DATE: 07DEC16
 ACTWGT: 1.00 LB
 CAD: 100098143INET3790

TO DOWLING COLLEGE CASE ADMINISTRATION

C/O GCG

5151 BLAZER PARKWAY

SUITE A

DUBLIN OH 43017

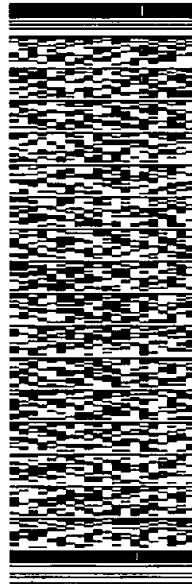
(888) 404-8013

REF: DCO

PO

DEPT

RMA:



J162916181281107

TRK# 7905 9455 4454

RETURNS MON-FRI
 STANDARD OVERNIGHT

OH-US

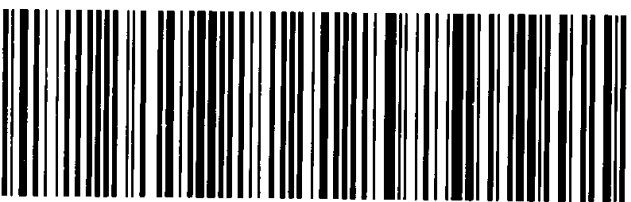
43017



1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

FedEx	MON - 13 MAR AA
TRK# 7905 9455 4454	STANDARD OVERNIGHT
SB OSUA	43017
	OH-US
	LCK
	
FID 768862 10MAR17 ISPA 546C4/7965/0C8A	

CLAIM NO. 464

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORK	
Name of Debtor: Dowling College	Case No. 16-75545

* P - D C O - P O C / 1 *

Your Claim is Scheduled As Follows:

IF YOU HAVE SUBMITTED THIS PROOF OF CLAIM FORM ELECTRONICALLY, YOU DO NOT NEED TO SUBMIT THIS FORM. PLEASE RETAIN A COPY FOR YOUR RECORDS.

If an amount is identified above, you have a claim scheduled by the Debtor. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Proof of Claim

Official Form 410

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571

This chapter 11 case was commenced in the United States Bankruptcy Court for the Eastern District of NY, on November 29, 2016 (the "Petition Date.")
 Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim

1. Who is the current creditor?	MICHELE PACELLA Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	4 No Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? MICHELE PACELLA Name 24 BABYLON ST Number Street MASTIC, NY 11950 City State ZIP Code Contact phone (631) 394-5108 Contact email HUNNEE1968@YAHOO.COM	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed	4 No Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	4 No Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	<input type="checkbox"/> No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____	
7.	How much is the claim?	\$ <u>19,000.00</u>	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Student at Dowling college</u>	
9.	Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . Motor vehicle _____ Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ <u>18,000.00</u> Amount of the claim that is unsecured: \$ <u>1,000.00</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Variable	
10.	Is this claim based on a lease?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11.	Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property: _____	
12.	Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.		Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
		Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
		Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
		Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
		Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
		<input checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ <u>0.00</u>

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

⁴ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 04/04/2017
MM / DD / YYYY

Michele Pacella

Signature

Print the name of the person who is completing and signing this claim:

Name Michele Pacella
First name Middle name Last name

Title Student

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 24 Babylon st
Number Street

MASTIC, NY 11950
City State ZIP Code

Contact phone (631) 394-5108 Email Hunnee1968@yahoo.com

IF SUBMITTING A HARD COPY OF A PROOF OF CLAIM FORM, PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, P.O. BOX 10342, DUBLIN, OHIO 43017-5542. IF BY HAND OR OVERNIGHT COURIER: DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, 5151 BLAZER PARKWAY, SUITE A, DUBLIN, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

IF YOU ARE SUBMITTING YOUR PROOF OF CLAIM ELECTRONICALLY, YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR CLAIM SUBMISSION. YOU WILL ALSO BE PROVIDED WITH AN ELECTRONICALLY DATE STAMPED PDF OF YOUR CLAIM. YOU MAY PRINT AND RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS MARCH 10, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IS MAY 30, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)

Official Form 41

Instructions for Proof of Claim

United States Bankruptcy Court

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, Garden City Group, LLC ("GCG"), are not authorized and are not providing you with any legal advice.

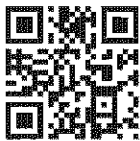
A person who files a fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- Fill in all the information for the claim as of the Petition Date.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- Attach any supporting documents to this form.
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *Redaction* of information in the section below.)
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- Do not attach original documents because attachments may be destroyed after scanning.
- If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.
- A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.
- For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write A.B., a minor child (John Doe, parent, 123 Main St., City, State). See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed. You will also be able to view the details of your claim and the first page of your *Proof of Claim* form on the claims register hosted on the case administration website, www.gardencitygroup.com/cases/dco.



Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Redaction of information: *Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Proof of Claim form and any attached documents.*

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Display of Proof of Claim on Case Administration Website: As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form

CLAIM NO. 374

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORK	
Name of Debtor: Dowling College	Case No. 16-75545

* P - D C O - P O C / 1 *

Your Claim is Scheduled As Follows:

IF YOU HAVE SUBMITTED THIS PROOF OF CLAIM FORM ELECTRONICALLY, YOU DO NOT NEED TO SUBMIT THIS FORM. PLEASE RETAIN A COPY FOR YOUR RECORDS.

If an amount is identified above, you have a claim scheduled by the Debtor. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Proof of Claim

Official Form 410

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571

This chapter 11 case was commenced in the United States Bankruptcy Court for the Eastern District of NY, on November 29, 2016 (the "Petition Date.")
Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim

1. Who is the current creditor?	MICHELLE CAGLIANO Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	4 No Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? MICHELLE CAGLIANO Name 185 PARK AVE Number Street SHIRLEY, NY 11967 City State ZIP Code Contact phone (631) 448-1301 Contact email MCAGS78@GMAIL.COM	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	4 No Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	4 No Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	No	⁴ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>4 6 1 9</u>																
7.	How much is the claim?	\$ <u>36,751.00</u>	Does this amount include interest or other charges? ⁴ No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).																
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. student loans incurred																	
9.	Is all or part of the claim secured?	⁴ No Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . Motor vehicle Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ <u>0.00</u> Amount of the claim that is unsecured: \$ <u>36,751.00</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ Fixed Variable																	
10.	Is this claim based on a lease?	⁴ No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____																	
11.	Is this claim subject to a right of setoff?	⁴ No Yes. Identify the property: _____																	
12.	Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	⁴ No Yes. <i>Check all that apply:</i> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 70%;"></th><th style="width: 30%; text-align: right;">Amount entitled to priority</th></tr></thead><tbody><tr><td>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</td><td></td></tr><tr><td>Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td><td style="text-align: right;">\$ _____</td></tr><tr><td>Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</td><td style="text-align: right;">\$ _____</td></tr><tr><td>Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).</td><td style="text-align: right;">\$ _____</td></tr><tr><td>Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td><td style="text-align: right;">\$ _____</td></tr><tr><td>Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td><td style="text-align: right;">\$ _____</td></tr><tr><td>Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.</td><td style="text-align: right;">\$ _____</td></tr></tbody></table>			Amount entitled to priority	A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.		Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____	Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____	Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____	Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____	Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____	Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____
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* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

⁴ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/09/2017
MM / DD / YYYY

Michelle Cagliano

Signature

Print the name of the person who is completing and signing this claim:

Name **Michelle Cagliano**
First name Middle name Last name

Title

Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address **185 Park Ave**
Number Street

SHIRLEY, NY 11967

City State ZIP Code

Contact phone **(631) 448-1301** Email **mcags78@gmail.com**

IF SUBMITTING A HARD COPY OF A PROOF OF CLAIM FORM, PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, P.O. BOX 10342, DUBLIN, OHIO 43017-5542. **IF BY HAND OR OVERNIGHT COURIER:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, 5151 BLAZER PARKWAY, SUITE A, DUBLIN, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

IF YOU ARE SUBMITTING YOUR PROOF OF CLAIM ELECTRONICALLY, YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR CLAIM SUBMISSION. YOU WILL ALSO BE PROVIDED WITH AN ELECTRONICALLY DATE STAMPED PDF OF YOUR CLAIM. YOU MAY PRINT AND RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS MARCH 10, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)
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Official Form 41

Instructions for Proof of Claim

United States Bankruptcy Court

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, Garden City Group, LLC ("GCG"), are not authorized and are not providing you with any legal advice.

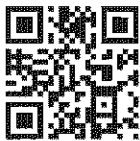
A person who files a fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- **Fill in all the information for the claim as of the Petition Date.**
- **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed
- **Attach any supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *Redaction* of information in the section below.)
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been fil

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed. You will also be able to view the details of your claim and the first page of your *Proof of Claim* form on the claims register hosted on the case administration website, www.gardencitygroup.com/cases/dco.



Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Redaction of information: *Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Proof of Claim form and any attached documents.*

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Display of Proof of Claim on Case Administration Website: As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form

Help



Log Out

Home

Loan Details

Payments

Documents

Loan Details

Account:	Current Balance:	Past Due Amount:	Current Amount Due:	Payment Amount:	Due Date:
E823605162	\$121,981.77	\$0.00	\$0.00	\$0.00	04/20/2017

Show Groups and Loan Details

Group: N

Due Date:	04/20/2017	Interest Rate:	4.000%	Outstanding Balance:	\$121,981.77
Fees:	\$0.00	Accrued Interest:	\$60.07	Principal Balance:	\$121,921.70
Status:	REPAYMENT	Last Payment Received:			

Show Group N Loans and Benefits

Loan: 17

Due Date:	04/20/2017	Interest Rate:	4.000%	Principal Balance:	\$24,043.89
Loan Status:	REPAYMENT	Accrued Interest:	\$11.84	Convert to Repayment:	03/06/2017
Loan Type:	DIRECT CONSOL	Capitalized Interest:	\$0.00	Disbursements:	\$3,773.80 on 03/06/2017
Interest Subsidy:	Multiple	School Name:			\$4,782.53 on 03/06/2017
Original Loan Amount:	\$24,043.89	Lender Name:	DIRECT CONSOLIDATION LOANS NELNET ORIG		\$2,391.26 on 03/06/2017
					\$5,760.58 on 03/06/2017
					\$5,858.70 on 03/06/2017
					\$1,477.02 on 03/06/2017

View Benefits

Loan: 18

Due Date:	04/20/2017	Interest Rate:	6.000%	Principal Balance:	\$97,877.81
Loan Status:	REPAYMENT	Accrued Interest:	\$48.23	Convert to Repayment:	03/06/2017
Loan Type:	DIRECT CONSOL	Capitalized Interest:	\$0.00	Disbursements:	\$3,104.13 on 03/06/2017
Interest Subsidy:	Multiple	School Name:			\$6,208.36 on 03/06/2017
Original Loan Amount:	\$97,877.81	Lender Name:	DIRECT CONSOLIDATION LOANS NELNET ORIG		\$8,876.82 on 03/06/2017
					\$4,283.79 on 03/06/2017
					\$9,563.73 on 03/06/2017

CLAIM NO. 166

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORK

Name of Debtor:
Dowling CollegeCase No.
16-75545

Your Claim is Scheduled As Follows:

IF YOU HAVE SUBMITTED THIS PROOF OF CLAIM FORM ELECTRONICALLY, YOU DO NOT NEED TO SUBMIT THIS FORM. PLEASE RETAIN A COPY FOR YOUR RECORDS.

DCO0200981188 01001577

MOHAMMED UDDIN
20 SOMERSET ST
HUNTINGTON STATION NY 11746FILED - 00166
EASTERN DISTRICT OF NEW YORK
DOWLING COLLEGE
16-75545/HONORABLE JUDGE ROBERT E. GROSSMAN

If an amount is identified above, you have a claim scheduled by the Debtor. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Proof of Claim

Official Form 410*

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

This chapter 11 case was commenced in the United States Bankruptcy Court for the Eastern District of NY, on November 29, 2016 (the "Petition Date.") Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>MOHAMMED H. UDDIN</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>MOHAMMED H. UDDIN</u> Name	_____ Name
	<u>20 SOMERSET STREET</u> Number Street	_____ Number Street
	<u>HUNTINGTON STA. NY 11746</u> City State ZIP Code	_____ City State ZIP Code
	Contact phone <u>631-697-6643</u>	Contact phone _____
	Contact email <u>mh20uddin@gmail.com</u>	Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	


Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____															
7.	How much is the claim?	\$ <u>43,000</u>	Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).														
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, <u>services performed</u> , personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.															
9.	Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable															
10.	Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____															
11.	Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____															
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☒ I am the creditor. (A Graduate Student)

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03-06-2017
MM/DD/YYYY


Signature

Print the name of the person who is completing and signing this claim:

Name MOHAMMED HELAL UDDIN
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone 631-697-6643 Email mh20uddin@gmail.com

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- For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed. You will also be able to view the details of your claim and the first page of your *Proof of Claim* form on the claims register hosted on the case administration website, www.gardencitygroup.com/cases/dco.

**Understand the terms used in this form**

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the *Proof of Claim* form and any attached documents.

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

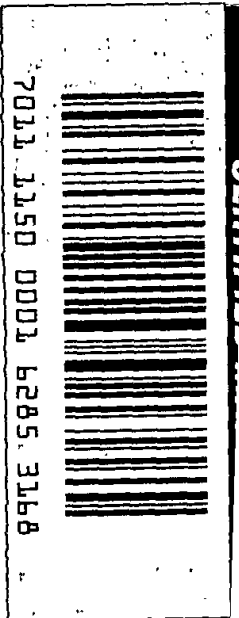
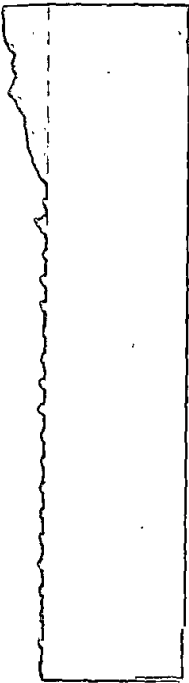
Display of Proof of Claim on Case Administration Website: As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display one or more pages of your proof of claim on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim will be displayed over the Internet.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form.

20 SOMERSET STREET
HUNTINGTON STA. NY 11746



1000



43017

PAID
SEA CLIFF, NY
11579
FEB 08 17
AMOUNT
\$7.29
R2305K133637-19

Dowling College Case Administration

C/O- GCG

P.O. Box 10342

Dublin, OH 43017-5542

CLAIM NO. 170

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORK

Name of Debtor:
Dowling CollegeCase No.
16-75545

Your Claim is Scheduled As Follows:

IF YOU HAVE SUBMITTED THIS PROOF OF CLAIM FORM ELECTRONICALLY, YOU DO NOT NEED TO SUBMIT THIS FORM. PLEASE RETAIN A COPY FOR YOUR RECORDS.

DCO0200982449 01001590

MYLES LUPIA
2630 HARRISON AVE
BALDWIN NY 11510FILED - 00170
EASTERN DISTRICT OF NEW YORK
DOWLING COLLEGE
16-75545/HONORABLE JUDGE ROBERT E. GROSSMAN

If an amount is identified above, you have a claim scheduled by the Debtor. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Proof of Claim

Official Form 410*

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

This chapter 11 case was commenced in the United States Bankruptcy Court for the Eastern District of NY, on November 29, 2016 (the "Petition Date.") Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>myles lupia</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>Janine George</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name <u>myles lupia</u> Number <u>2630</u> Street <u>Harrison ave</u> City <u>Baldwin</u> State <u>NY</u> ZIP Code <u>11510</u> Contact phone <u>516 633 2496</u> Contact email <u>Hersminearza@Ad.com</u>	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____															
7.	How much is the claim?	\$ <u>50,000</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).															
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Tuition loan</u>															
9.	Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable															
10.	Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____															
11.	Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____															
12.	Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 30%;">Amount entitled to priority</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.</td> <td>\$ _____</td> </tr> </tbody> </table>		Amount entitled to priority	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____
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<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____																

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.



Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

2/5/2017
MM/DD/YYYY

Myles Richard Hopria
Signature

Print the name of the person who is completing and signing this claim:

Name

Myles Richard Hopria
First name Middle name Last name

Title

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

2630 Harrison Ave.
Number Street

Baldwin
City

NY.
State

11510
ZIP Code

Contact phone

516 633 2496

Email

Hersmine002@aol.com

IF SUBMITTING A HARD COPY OF A PROOF OF CLAIM FORM, PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, P.O. BOX 10342, DUBLIN, OHIO 43017-5542. IF BY HAND OR OVERNIGHT COURIER: DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, 5151 BLAZER PARKWAY, SUITE A, DUBLIN, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

IF YOU ARE SUBMITTING YOUR PROOF OF CLAIM ELECTRONICALLY, YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR CLAIM SUBMISSION. YOU WILL ALSO BE PROVIDED WITH AN ELECTRONICALLY DATE STAMPED PDF OF YOUR CLAIM. YOU MAY PRINT AND RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS MARCH 10, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IS MAY 30, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)

Official Form 410

Instructions for Proof of Claim

United States Bankruptcy Court

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, Garden City Group, LLC ("GCG"), are not authorized and are not providing you with any legal advice.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- Fill in all the information for the claim as of the Petition Date.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- Attach any supporting documents to this form.
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *Redaction* of information in the section below.)
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- Do not attach original documents because attachments may be destroyed after scanning.
- If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.
- A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.
- For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write A.B., a minor child (John Doe, parent, 123 Main St., City, State). See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed. You will also be able to view the details of your claim and the first page of your *Proof of Claim* form on the claims register hosted on the case administration website, www.gardencitygroup.com/cases/dco.



Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Redaction of information: *Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Proof of Claim form and any attached documents.*

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim Identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Display of Proof of Claim on Case Administration Website: As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display one or more pages of your proof of claim on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim will be displayed over the Internet.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form.

hupia
2630 Harrison Ave.
Baldwin NY. 11510

Dawling College Case administration
c/o GCG

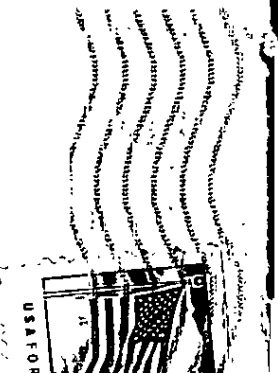
P.O. Box 10342

Dublin, OH 43017-5542

43017-554242

43017-554242

WHEELAND NY 117
06 FEB 2019 PM 5 L



CLAIM NO. 215

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORK	
Name of Debtor: Dowling College	Case No. 16-75545

* P - D C O - P O C / 1 *

Your Claim is Scheduled As Follows:

IF YOU HAVE SUBMITTED THIS PROOF OF CLAIM FORM ELECTRONICALLY, YOU DO NOT NEED TO SUBMIT THIS FORM. PLEASE RETAIN A COPY FOR YOUR RECORDS.

If an amount is identified above, you have a claim scheduled by the Debtor. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Proof of Claim

Official Form 410

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571

This chapter 11 case was commenced in the United States Bankruptcy Court for the Eastern District of NY, on November 29, 2016 (the "Petition Date.") Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim

1. Who is the current creditor?	NICHOLAS VERBEECK Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	4 No Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? NICHOLAS VERBEECK Name 10 MILLER LANE Number Street MASTIC BEACH, NY 11951 City State ZIP Code Contact phone (631) 905-9122 Contact email NICHOLAS.VERBEECK@GMAIL.COM	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed	4 No Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	4 No Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	4 No	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____																
7.	How much is the claim?		Does this amount include interest or other charges? 4 No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).																
			\$ <u>16,000.00</u>																
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>took student loans, expenses for supplies, books. distraction of closure affected teaching/grades</u>																	
9.	Is all or part of the claim secured?	4 No	Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . Motor vehicle Other. Describe: _____ Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ <u>0.00</u> Amount of the claim that is unsecured: \$ <u>16,000.00</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ Fixed Variable																
10.	Is this claim based on a lease?	4 No	Yes. Amount necessary to cure any default as of the date of the petition. \$ _____																
11.	Is this claim subject to a right of setoff?	4 No	Yes. Identify the property: _____																
12.	Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	4 No	Yes. Check all that apply: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 30%; text-align: right;">Amount entitled to priority</th> </tr> </thead> <tbody> <tr> <td>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</td> <td></td> </tr> <tr> <td>Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>		Amount entitled to priority	A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.		Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____	Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____	Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____	Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____	Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____	Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____
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* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

⁴ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

A person who files fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/18/2017
MM / DD / YYYY

Nicholas Verbeeck

Signature

Print the name of the person who is completing and signing this claim:

Name **Nicholas Verbeeck**
First name Middle name Last name

Title **Student**

Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address **10 Miller Lane**
Number Street

MASTIC BEACH, NY 11951

City State ZIP Code

Contact phone **(631) 905-1562** Email **nicholas.verbeeck@gmail.com**

IF SUBMITTING A HARD COPY OF A PROOF OF CLAIM FORM, PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, P.O. BOX 10342, DUBLIN, OHIO 43017-5542. **IF BY HAND OR OVERNIGHT COURIER:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, 5151 BLAZER PARKWAY, SUITE A, DUBLIN, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

IF YOU ARE SUBMITTING YOUR PROOF OF CLAIM ELECTRONICALLY, YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR CLAIM SUBMISSION. YOU WILL ALSO BE PROVIDED WITH AN ELECTRONICALLY DATE STAMPED PDF OF YOUR CLAIM. YOU MAY PRINT AND RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS MARCH 10, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IS MAY 30, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)

Official Form 41

Instructions for Proof of Claim

United States Bankruptcy Court

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, Garden City Group, LLC ("GCG"), are not authorized and are not providing you with any legal advice.

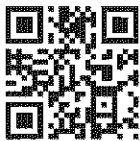
A person who files a fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- **Fill in all the information for the claim as of the Petition Date.**
- **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed
- **Attach any supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *Redaction* of information in the section below.)
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been fil

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed. You will also be able to view the details of your claim and the first page of your *Proof of Claim* form on the claims register hosted on the case administration website, www.gardencitygroup.com/cases/dco.



Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Redaction of information: *Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Proof of Claim form and any attached documents.*

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Display of Proof of Claim on Case Administration Website: As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form

CLAIM NO. 422

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORK	
Name of Debtor: Dowling College	Case No. 16-75545

* P - D C O - P O C / 1 *

Your Claim is Scheduled As Follows:

IF YOU HAVE SUBMITTED THIS PROOF OF CLAIM FORM ELECTRONICALLY, YOU DO NOT NEED TO SUBMIT THIS FORM. PLEASE RETAIN A COPY FOR YOUR RECORDS.

Proof of Claim

Official Form 410

If an amount is identified above, you have a claim scheduled by the Debtor. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571

This chapter 11 case was commenced in the United States Bankruptcy Court for the Eastern District of NY, on November 29, 2016 (the "Petition Date.")
Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim

1. Who is the current creditor?	NICOLE FAMIGHETTI Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	4 No Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? NICOLE FAMIGHETTI Name 55 WEST 15TH STREET Number Street DEER PARK, NY 11729 City State ZIP Code Contact phone (631) 242-4607 Contact email TLTNFAM@OPTONLINE.NET	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed	4 No Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	4 No Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	4 No	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____																
7.	How much is the claim?		Does this amount include interest or other charges? 4 No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).																
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. money borrowed to complete my bachelors degree																	
9.	Is all or part of the claim secured?	4 No	Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . Motor vehicle Other. Describe: _____ Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ 0.00 Amount of the claim that is unsecured: \$ 7,000.00 (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ Fixed Variable																
10.	Is this claim based on a lease?	4 No	Yes. Amount necessary to cure any default as of the date of the petition. \$ _____																
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* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

Check the appropriate box:

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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A person who files fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/10/2017
MM / DD / YYYY

NICOLE FAMIGHETTI

Signature

Print the name of the person who is completing and signing this claim:

Name **NICOLE FAMIGHETTI**
First name Middle name Last name

Title **STUDENT**

Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address **55 WEST 15TH STREET**
Number Street

DEER PARK, NY 11729
City State ZIP Code

Contact phone **(631) 848-3533** Email **TLTNFAM@OPTONLINE.NET**

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Official Form 41

Instructions for Proof of Claim

United States Bankruptcy Court

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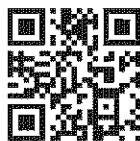
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Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

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Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Display of Proof of Claim on Case Administration Website: As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form

CLAIM NO. 284

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORK

Name of Debtor:
Dowling CollegeCase No.
16-75545Your Claim is Scheduled As Follows:

IF YOU HAVE SUBMITTED THIS PROOF OF CLAIM FORM ELECTRONICALLY, YOU DO NOT NEED TO SUBMIT THIS FORM. PLEASE RETAIN A COPY FOR YOUR RECORDS.

DC00200993022 01001697

PETER ESPOSITO
14 BEACH ROAD
PORT JEFFERSON NY 11777

FILED - 00284

EASTERN DISTRICT OF NEW YORK
DOWLING COLLEGE

16-75545/HONORABLE JUDGE ROBERT E. GROSSMAN

If an amount is identified above, you have a claim scheduled by the Debtor. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Proof of Claim

Official Form 410*

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

This chapter 11 case was commenced in the United States Bankruptcy Court for the Eastern District of NY, on November 29, 2016 (the "Petition Date.") Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Peter Esposito</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Peter Esposito</u> Name <u>14 Beach Road</u> Number Street <u>Port Jefferson, NY 11777</u> City State ZIP Code Contact phone <u>(631)-521-5401</u> Contact email <u>PJEsposito7@yahoo.com</u>	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	


Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____	
7.	How much is the claim?	\$ <u>52,439.12</u>	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(a)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>services performed - failure to complete</u>	
9.	Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11.	Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	
12.	Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority _____
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.		<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.



Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/25/2017
MM / DD / YYYY


Signature

Print the name of the person who is completing and signing this claim:

Name

Peter
First name

James
Middle name

Esposito
Last name

Title

Student

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

14 Beach Road
Number Street

Port Jefferson
City

NY
State

11777
ZIP Code

Contact phone

(631)-521-5401

Email

PJEsposito7@yahoo.com

IF SUBMITTING A HARD COPY OF A PROOF OF CLAIM FORM, PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS:
IF BY MAIL: DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, P.O. BOX 10342, DUBLIN, OHIO 43017-5542. IF BY HAND OR OVERNIGHT
COURIER: DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, 5151 BLAZER PARKWAY, SUITE A, DUBLIN, OH 43017. ANY PROOF OF CLAIM
SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

IF YOU ARE SUBMITTING YOUR PROOF OF CLAIM ELECTRONICALLY, YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR CLAIM SUBMISSION.
YOU WILL ALSO BE PROVIDED WITH AN ELECTRONICALLY DATE STAMPED PDF OF YOUR CLAIM. YOU MAY PRINT AND RETAIN A COPY OF THIS
DOCUMENT FOR YOUR RECORDS.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS MARCH 10, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IS MAY 30, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)

Official Form 410

Instructions for Proof of Claim

United States Bankruptcy Court

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, Garden City Group, LLC ("GCG"), are not authorized and are not providing you with any legal advice.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- Fill in all the information for the claim as of the Petition Date.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- Attach any supporting documents to this form.
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *Redaction* of information in the section below.)
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- Do not attach original documents because attachments may be destroyed after scanning.
- If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.
- A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.
- For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write A.B., a minor child (John Doe, parent, 123 Main St., City, State). See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed. You will also be able to view the details of your claim and the first page of your Proof of Claim form on the claims register hosted on the case administration website, www.gardencitygroup.com/cases/dco.

**Understand the terms used in this form**

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Proof of Claim form and any attached documents.

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Display of Proof of Claim on Case Administration Website: As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display one or more pages of your proof of claim on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim will be displayed over the Internet.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form.

February 25, 2017

Dowling College Care Administration
C/O GCG
PO Box 10342
Dublin, OH 43017-5542

RE: Peter Esposito
14 Beach Road
Port Jefferson, NY 11777
Claim against Dowling College

To Whom It May Concern:

Enclosed please the itemized expenditure breakdowns for both pre and post closure of Dowling College. As directed by the New York State Department of Higher Education, I have attempted to complete my degree to the best of my ability considering the circumstances through neighboring schools. While I have enrolled in the last of my program outline as described by Dowling College, I have yet to receive degree conferral, initial certifications, or further guidance. These hurdles have prevented me from continuing my employment through a local school or pursuing other career opportunities.

Should you require further clarification on any of the enclosed documents, I can best be reached at (631)-521-5401 or by email at PJEsposito7@yahoo.com.

Sincerely,

Peter Esposito

Post Dowling College

Total Post Dowling College Expenditures Report
***** Additional Bank Statements/Receipts Available Upon Request *****

Required Tuition and Fees:		
College	Amount Paid	Date Paid
Molloy College	\$ 7,135.00	08/25/16
St. Joseph's College	\$ 2,785.67	08/31/16
Suffolk CCC	\$ 782.00	12/16/16
SUNY Albany	\$ 1,423.63	12/18/16
TOTAL	\$ 12,126.30	

Required Transcript Requests:		
College	Amount Paid	Date Paid
SUNY Albany	\$ 15.00	01/12/17
Molloy College	\$ 51.00	01/30/17
St. Joseph's College	\$ 25.00	Various
TOTAL	\$ 91.00	

Requires Testing Fees, Materials and Workshops		
Expense	Amount Paid	Date Paid
Exam Fee	\$ 149.00	07/22/16
Exam Fee	\$ 300.00	11/11/16
Study Material	\$ 22.19	11/16/16
Exam Fee	\$ 84.00	12/17/16
Exam Fee	\$ 20.00	12/02/16
Exam Fee	\$ 119.00	12/02/16
Exam Fee	\$ 119.00	12/02/16
Exam Fee	\$ 20.00	12/04/16
Exam Fee	\$ 179.00	12/12/16
Autism Workshop	\$ 49.95	12/14/16
TOTAL	\$ 1,062.14	

Educational Materials		
Expense	Amount Paid	Date Paid
Books/Materials	\$ 17.29	08/22/16
Books/Materials	\$ 64.43	08/31/16
Books/Materials	\$ 21.09	11/23/16
Books/Materials	\$ 51.99	12/16/16
TOTAL	\$ 154.80	

Additional Misc Expenses Incurred:		
Expense	Cost/Expense	Date
Missed Work	\$ 1,750.00	5 Days Total
5493 Travel Miles	\$ 3,021.00	Various
TOTAL	\$ 4,771.00	

Application Fees:		
College	Amount Paid	Date Paid
Brockport	\$ 25.00	08/25/16
Albany	\$ 51.00	01/04/17
St. Joseph's College	\$ 10.00	08/08/16
Suffolk CCC	\$ 40.00	12/11/16
Molloy College	\$ 90.00	8/25/2016
TOTAL	\$ 216.00	

TOTAL REQUIRED POST DOWLING COLLEGE EXPENSE:
\$18,421

Manage your account online:
www.chase.comCustomer Service:
1-800-524-3880Mobile. Visit chase.com
on your mobile browser**ACCOUNT ACTIVITY (CONTINUED)**

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
07/23	MCDONALD'S F11736 MILLER PLACE NY	10.19
07/29	ARAMARK CITI FIELD CONCES FLUSHING NY	12.00
07/29	SPEEDWAY 07634 PORT JEFFERSON NY	24.95
07/29	ARAMARK CITI FIELD PARTNE FLUSHING NY	25.50
07/29	ARAMARK CITI FIELD CONCES FLUSHING NY	12.50
07/31	SPEEDWAY 07634 PORT JEFFERSON NY	32.00
08/02	SAVINO'S HIDEAWAY LLC MOUNT SINAI NY	100.00
08/05	EXXONMOBIL 97602999 MOUNT SINAI NY	17.00
08/06	7-ELEVEN 25627 MOUNT SINAI NY	21.14
08/07	DEL FUEGO ST JAMES NY	35.00
08/08	ST JOSEPHS COLLEGE PATCHOGUE NY	10.00
08/10	COASTAL 0991897000 ROCKY POINT NY	23.01
08/12	CHI TAXI 6619 CHICAGO IL	49.00
08/14	CLUB QUARTERS - WACKIE CHICAGO IL	556.40

2016 Totals Year-to-Date

Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$0.00

Year-to-date totals do not reflect any fee or interest refunds
you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	19.24% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	24.24% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	19.24% (v)	-0-	-0-

(v) = Variable Rate

31 Days In Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

IMPORTANT NEWS

Get 5% cash back on up to \$1,500 in combined purchases
from July 1 to September 30 at Restaurants and
Whole Foods Market where your Chase Freedom card is accepted.
Activate at chase.com/freedom or
call 1-800-524-3880 by Sept 14, 2016



426684129813099600000099000000990000000006

P.O. BOX 15123
WILMINGTON, DE
19850-5123Get updates on the go
Log on to chase.com/alerts

Payment Due Date:	10/17/16
New Balance:	\$0.99
Minimum Payment:	\$0.99

Account number: 4266 8412 9813 0996

\$ _____ Amount Enclosed
Make your check payable to: Chase Card Services

03806 BEX 9 26416 C
PETER J ESPOSITO
14 BEACH RD
PORT JEFFERSON NY 11777-1266CARDMEMBER SERVICE
PO BOX 1423
CHARLOTTE NC 28201-1423

500016028 20312981309965

Manage your account online:
www.chase.comCustomer Service:
1-800-524-3880Mobile: Visit chase.com
on your mobile browser**ACCOUNT SUMMARY**

Account Number: 4266 8412 9813 0996

Previous Balance	\$0.00
Payment, Credits	-\$10,113.89
Purchases	+\$10,114.88
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
New Balance	\$0.99

Opening/Closing Date	08/21/16 - 09/20/16
Credit Access Line	\$13,000
Available Credit	\$12,999
Cash Access Line	\$2,600
Available for Cash	\$2,600
Past Due Amount	\$0.00
Balance over the Credit Access Line	\$0.00

PAYMENT INFORMATION

New Balance	\$0.99
Payment Due Date	10/17/16
Minimum Payment Due	\$0.99

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$37.00.

YOUR ACCOUNT MESSAGESNew York Residents: New York residents may contact the New York State Department of Financial Services at 1-800-342-3736 or go to www.dfs.ny.gov to obtain a comparative list of credit card rates, fees, and grace periods.**CHASE FREEDOM: ULTIMATE REWARDS® SUMMARY**

Previous points balance	4,130	Redeeming your points for Cash Back rewards is easy! For example, 2,000 points = \$20 Cash Back rewards. To review your reward options visit chase.com/freedom .
+ 1% (1 Pt/\$1) earned on all purchases	10,115	
- Points redeemed this statement period	4,130	
= Total points available for redemption	10,115	

You always earn unlimited 1% cash back on all your purchases. Activate new bonus categories every quarter. You'll earn an additional 4% cash back, for a total of 5% cash back on up to \$1,500 in combined bonus category purchases each quarter. Activate for free at chase.com/freedom, visit a Chase branch or call the number on the back of your card.

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
---------------------	--	-----------

PAYMENTS AND OTHER CREDITS

08/24	Payment Thank You-Mobile	-128.30
08/27	Payment Thank You-Mobile	-6,991.74
08/30	Payment Thank You-Mobile	-25.00
09/02	Payment Thank You-Mobile	-135.93
09/04	REDEMPTION CREDIT	-41.30
09/06	Payment Thank You-Mobile	-2,753.40
09/13	Payment Thank You-Mobile	-38.22

PURCHASES

08/20	SPEEDWAY 07634 PORT JEFFERSON NY	21.00
08/21	HEATHERWOOD GOLF COURSE SOUTH SETAUKEN NY	90.01
08/22	CVS/PHARMACY #01271 ROCKY POINT NY	17.29
08/23	7-ELEVEN 34081 LAKE GROVE NY	1.73

Manage your account online:
www.chase.comCustomer Service:
1-800-624-3880Mobile: Visit chase.com
on your mobile browser**ACCOUNT ACTIVITY (CONTINUED)**

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
08/24	SPEEDWAY 07634 PORT JEFFERSO NY	20.01
08/25	MOLLOY COLLEGE BURSAR ROCKVILLE CEN NY	400.00
08/25	MOLLOY COLLEGE BURSAR ROCKVILLE CEN NY	3,355.00
08/25	MOLLOY COLLEGE BURSAR ROCKVILLE CEN NY	3,215.00
08/25	SUNY BROCKPORT WEB - GRAD 585-395-5465 NY	25.00
08/29	MLB COM WWW.MLB COM NY	9.99
08/29	MIKE'S MECHANICS SVC PORT JEFFERSO NY	37.00
08/31	AMAZON MKTPLCE PMTS AMZN.COMBILL WA	64.43
09/01	APL* ITUNES.COMBILL 866-712-7753 CA	.49
08/30	EXXONMOBIL 97602999 MOUNT SINAI NY	24.02
08/31	ST JOSEPHS COLLEGE PATCHOGUE NY	2,785.67
09/05	APL* ITUNES.COMBILL 866-712-7753 CA	9.03
09/10	SPEEDWAY 07634 PORT JEFFERSO NY	34.02
09/12	AMAZON MKTPLCE PMTS AMZN.COMBILL WA	4.20
09/16	APL* ITUNES.COMBILL 866-712-7753 CA	.99

2016 Totals Year-to-Date

Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$0.00

Year-to-date totals do not reflect any fee or interest refunds
you may have received.**INTEREST CHARGES**

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	19.24% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	24.24% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	19.24% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to
Avoid Interest on Purchases, and other important information, as applicable.

Manage your account online:
www.chase.comCustomer Service:
1-800-524-3880Mobile: Visit chase.com
on your mobile browser**ACCOUNT ACTIVITY (CONTINUED)**

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
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PURCHASES

10/20	STEIN MART #394 COMMACK NY	186.81
10/22	EXXONMOBIL 97602999 MOUNT SINAI NY	32.01
10/23	7-ELEVEN 25627 MOUNT SINAI NY	3.50
10/25	SPEEDWAY 07634 PORT JEFFERSO NY	30.00
10/30	SPEEDWAY 07634 PORT JEFFERSO NY	25.00
11/02	APL* ITUNES.COMBILL 866-712-7753 CA	7.83
11/04	SPEEDWAY 07634 PORT JEFFERSO NY	26.00
11/06	APL* ITUNES.COMBILL 866-712-7753 CA	2.37
11/09	SPEEDWAY 07896 PORT JEFFERSO NY	20.02
11/11	GILSHAR GREEK CAFE PORT JEFFERSO NY	40.00
11/11	EVAL SYSTEMS TEST FEE 413-256-0444 MA	300.00
11/12	SUNDAES PORT JEFFERSO NY	9.94
11/15	SPEEDWAY 07634 PORT JEFFERSO NY	24.61
11/16	AMAZON MKTPLACE PMTS AMZN COMBILL WA	22.19
11/16	PORSCHE SELECTION 888-700-8252 GA	64.08
11/18	PLO* REUSEITLLC 888-707-3873 VA	16.18
11/18	APL* ITUNES.COMBILL 866-712-7753 CA	1.08

2016 Totals Year-to-Date

Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	19.24% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	25.24% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	19.24% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable

IMPORTANT NEWS

Get 5% cash back on up to \$1,500 in combined purchases at Department Stores, Wholesale Clubs, and Drugstores between October 1 and December 31, 2016.

Activate at chase.com/freedom or call 1-800-524-3880 by December 14, 2016.

Manage your account online:
www.chase.comCustomer Service:
1-800-524-3880Mobile: Visit chase.com
on your mobile browser**ACCOUNT ACTIVITY (CONTINUED)**

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
12/17	EVAL SYSTEMS TEST FEE AMHERST MA	-84.00
12/19	Payment Thank You-Mobile	-786.67
12/20	Payment Thank You-Mobile	-1,423.63

PURCHASES

11/22	MCDONALD'S F11736 MILLER PLACE NY	5.43
11/23	RITE AID STORE - 10659 ROCKY POINT NY	21.09
11/23	PIER 1 00010678 ROCKY POINT NY	65.12
11/23	COCEL INC SINAI MT SINAI NY	30.01
11/23	MILLER PLACE WINE & LIQUO MILLER PLACE NY	86.89
11/27	SPEEDWAY 07896 PORT JEFFERSO NY	24.02
12/01	MACY'S EAST #0013 LAKE GROVE NY	73.87
12/02	INTERNET TESTING SYSTEMS 410-889-2200 MD	20.00
12/02	AMAZON MKTPLACE PMTS AMZN.COMBILL WA	29.47
12/02	EVAL SYSTEMS TEST FEE 413-256-0444 MA	119.00
12/01	DUNKIN #350674 Q35 MOUNT SINAI NY	6.49
12/02	UNCLE GIUSEPPE'S Q PORT JEFFERSO NY	31.77
12/02	EVAL SYSTEMS TEST FEE 413-256-0444 MA	119.00
12/01	AMC STQNY BROOK 17 #2140 STONY BROOK NY	30.00
12/01	VORTEX ASIAN BISTRO PORT JEFFERSO NY	50.00
12/02	ACE HARDWARE PT JEFF PORT JEFFERSO NY	4.10
12/04	INTERNET TESTING SYSTEMS 410-889-2200 MD	20.00
12/03	KATESPADE.COM 866-999-5283 PA	51.71
12/05	PORSCHE SELECTION 888-700-8252 GA	64.09
12/06	SUNOCO 0725413901 PORT JEFFERSO NY	33.00
12/06	DUNKIN #308552 Q35 PRT JEFFERSON NY	5.49
12/08	FOODTOWN #608 ROCKY POINT NY	7.59
12/08	SPEEDWAY 07634 PORT JEFFERSO NY	22.00
12/10	WALGREENS #13866 MILLER PLACE NY	16.76
12/09	7-ELEVEN 23358 STONY BROOK NY	2.75
12/09	5GUYS 1330 QSR PORT JEFF STA NY	20.94
12/09	MODELL'S SPORTING GOODS ROCKY POINT NY	72.96
12/12	EVAL SYSTEMS TEST FEE 413-256-0444 MA	179.00
12/12	UNCOMMONGOODS 718-210-1200 NY	43.39
12/13	AMAZON MKTPLACE PMTS AMZN.COMBILL WA	20.84
12/14	UNIV ALBANY GRAD ADMISSIO 518-4423200 NY	20.00
12/14	WORKSHOPS EXPRESS.COM 718-701-0385 NY	49.95
12/16	UVATALBANYBKSTORE #7029 518-442-5690 NY	51.99
12/16	SUFFOLK CC WEB PAYMENT 631-4514435 NY	782.00
12/16	ROCKY POINT CITGO ROCKY POINT NY	35.60
12/18	APL* ITUNES.COMBILL 866-712-7753 CA	1.08
12/18	UNIV ALBANY EPAY 518-4423220 NY	1,423.63

2016 Totals Year-to-Date	
Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$0.00

Year-to-date totals do not reflect any fee or interest refunds
you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	19.49% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	25.49% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	19.49% (v)	-0-	-0-

(v) = Variable Rate

30 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.



42668412981309960000250000016972000000000

P.O. BOX 15123
WILMINGTON, DE
19850-5123Get updates on the go
Log on to chase.com/alerts

Payment Due Date:	02/17/17
New Balance:	\$169.72
Minimum Payment:	\$25.00

Account number: 4266 8412 9813 0996

\$ _____ Amount Enclosed
Make your check payable to: Chase Card Services

02642 BEX 9 02017 C
PETER J ESPOSITO
14 BEACH RD
PORT JEFFERSON NY 11777-1266CARDMEMBER SERVICE
PO BOX 1423
CHARLOTTE NC 28201-1423

500016028 20312981309965

Manage your account online:
www.chase.comCustomer Service:
1-800-524-3880Mobile: Visit chase.com
on your mobile browser

ACCOUNT SUMMARY

Account Number: 4266 8412 9813 0996

Previous Balance

\$0.00

Payment, Credits

-\$1,464.71

Purchases

+\$1,634.43

Cash Advances

\$0.00

Balance Transfers

\$0.00

Fees Charged

\$0.00

Interest Charged

\$0.00

New Balance

\$169.72

Opening/Closing Date

12/21/16 - 01/20/17

Credit Access Line

\$13,000

Available Credit

\$12,830

Cash Access Line

\$2,600

Available for Cash

\$2,600

Past Due Amount

\$0.00

Balance over the Credit Access Line

\$0.00

PAYMENT INFORMATION

New Balance

\$169.72

Payment Due Date

02/17/17

Minimum Payment Due

\$25.00

Late Payment Warning:

If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning:

If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...

Only the minimum payment

8 months

\$181

You will pay off the balance shown on this statement in about...

And you will end up paying an estimated total of...

If you would like information about credit counseling services, call 1-866-797-2885.

YOUR ACCOUNT MESSAGES

New York Residents: New York residents may contact the New York State Department of Financial Services at 1-800-342-3736 or go to www.dfs.ny.gov to obtain a comparative list of credit card rates, fees, and grace periods

CHASE FREEDOM® ULTIMATE REWARDS® SUMMARY

Previous points balance	3,941	Redeeming your points for Cash Back rewards is easy! For example, 2,000 points = \$20 Cash Back rewards. To review your reward options visit chase.com/freedom .
+ 1% (1 Pt/\$1) earned on all purchases	1,210	
+ Bonus from 1Q 5% category: Gas stations	389	
- Points redeemed this statement period	3,941	
= Total points available for redemption	1,599	

You always earn unlimited 1% cash back on all your purchases. Activate new bonus categories every quarter. You'll earn an additional 4% cash back, for a total of 5% cash back on up to \$1,500 in combined bonus category purchases each quarter. Activate for free at chase.com/freedom. Visit a Chase branch or call the number on the back of your card.

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
PAYMENTS AND OTHER CREDITS		
12/25	Payment Thank You-Mobile	-27.00
12/29	Payment Thank You-Mobile	-39.35
01/01	Payment Thank You-Mobile	-200.00
01/03	DISNEY RESORTS-BOAR LAKE BUENA VI FL	-425.00
01/06	Payment Thank You-Mobile	-282.04
01/10	Payment Thank You-Mobile	-51.02
01/13	Payment Thank You-Mobile	-4.80
01/15	Payment Thank You-Mobile	-268.43
01/17	Payment Thank You-Mobile	-66.97
01/18	Payment Thank You-Mobile	-27.50

Manage your account online:
www.chase.comCustomer Service:
1-800-524-3880Mobile: Visit chase.com
on your mobile browser**ACCOUNT ACTIVITY (CONTINUED)**

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
01/19	REDEMPTION CREDIT	-39.41
01/20	Payment Thank You - Web	-33.19
PURCHASES		
12/21	SUNOCO 0725413901 PORT JEFFERSO NY	27.00
12/23	PINDAR WINE STORE PORT JEFFERSO NY	21.68
12/27	STOP & SHOP 0574 SETAUKET NY	17.67
12/27	AMERICAN AIR0010642737432 FORT WORTH TX	100.00
12/27	122716 1 Y RVU FEE	
12/27	AMERICAN AIR0010642737433 FORT WORTH TX	100.00
12/27	122716 1 Y RVU FEE	
01/01	FHCC LAKE BUENA VISTA ORLANDO FL	15.00
01/03	DELTA AIR Baggage Fee ORLANDO FL	25.00
01/03	DISNEY RESORTS-WDW LAKE BUENA VI FL	640.05
01/04	NEW AND GIFT ORLAN ORLANDO FL	1.99
01/03	DELTA AIR Baggage Fee ORLANDO FL	25.00
01/06	GULF OIL 92040558 E SETAUKET NY	31.02
01/09	UHC COMMUNITY PLAN 800-414-9025 MN	20.00
01/10	APPLEBEES 937964902075 LAKE GROVE NY	4.80
01/11	SUNOCO 0725413901 PORT JEFFERSO NY	10.68
01/12	MOLLOY COLLEGE BURSAR 516-323-3000 NY	15.00
01/11	7-ELEVEN 25957 PORT JEFFERSO NY	2.75
01/11	FIDELIS CARE NEW YORK 888-3433547 NY	240.00
01/13	FRIENDLY ICE CREAM MILLER PLACE NY	4.33
01/15	ADVANCE AUTO PARTS #8739 ROCKY POINT NY	54.30
01/15	MCDONALD'S F2839 ROCKY POINT NY	8.34
01/16	SPEEDWAY 07640 MILLER PLACE NY	27.50
01/16	DON QUIJOTE MILLER PLACE NY	47.65
01/18	NEW YORK IPIRP 407-629-4811 FL	24.95
01/18	GRANT BKST #1144 888-327-4242 NY	100.43
01/18	APPLEBEES 757964902174 MILLER PLACE NY	44.00
01/19	SPEEDWAY 07640 MILLER PLACE NY	25.29

2017 Totals Year-to-Date

Total fees charged in 2017	\$0.00
Total interest charged in 2017	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	19.49% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	25.49% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	19.49% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

IMPORTANT NEWS

Get 5% cash back on up to \$1,500 in combined purchases at Gas Stations and on Local Commuter Transportation between January 1 and March 31, 2017.
Activate at chase.com/trouknot or call 1-800-524-3880 by March 14, 2017.



42668412981309960000058100000581000000004

P.O. BOX 15123
WILMINGTON, DE
19850-5123

Get updates on the go
Log on to chase.com/alerts

Payment Due Date:	03/17/17
New Balance:	\$5.81
Minimum Payment:	\$5.81

Account number: 4266 8412 9813 0996

\$ _____ Amount Enclosed
Make your check payable to: Chase Card Services

03013 BEX 6 05117 C
PETER J ESPOSITO
14 BEACH RD
PORT JEFFERSON NY 11777-1266

CARDMEMBER SERVICE
PO BOX 1423
CHARLOTTE NC 28201-1423

500016028 20312981309965



Manage your account online:
www.chase.com



Customer Service:
1-800-524-3680



Mobile: Visit chase.com
on your mobile browser

ACCOUNT SUMMARY

Account Number: 4266 8412 9813 0996

Previous Balance	\$169.72
Payment, Credits	-\$787.16
Purchases	+\$623.25
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
New Balance	\$5.81
Opening/Closing Date	01/21/17 - 02/20/17
Credit Access Line	\$13,000
Available Credit	\$12,994
Cash Access Line	\$2,600
Available for Cash	\$2,600
Past Due Amount	\$0.00
Balance over the Credit Access Line	\$0.00

PAYMENT INFORMATION

New Balance	\$5.81
Payment Due Date	03/17/17
Minimum Payment Due	\$5.81

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$37.00.

YOUR ACCOUNT MESSAGES

New York Residents: New York residents may contact the New York State Department of Financial Services at 1-800-342-3736 or go to www.dfs.ny.gov to obtain a comparative list of credit card rates, fees, and grace periods.

CHASE FREEDOM: ULTIMATE REWARDS® SUMMARY

Previous points balance	1,599	Redeeming your points for Cash Back rewards is easy!
+ 1% (1 Pt)/\$1 earned on all purchases	606	For example, 2,000 points = \$20 Cash Back rewards.
+ Bonus from 1Q 5% category: Gas stations	623	To review your reward options visit
= Total points available for redemption	2,828	chase.com/freedom .

You always earn unlimited 1% cash back on all your purchases. Activate new bonus categories every quarter. You'll earn an additional 4% cash back, for a total of 5% cash back on up to \$1,500 in combined bonus category purchases each quarter. Activate for free at chase.com/freedom, visit a Chase branch or call the number on the back of your card.

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
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PAYMENTS AND OTHER CREDITS

01/22	Payment Thank You - Web	-169.72
01/25	Payment Thank You-Mobile	-130.22
01/26	Payment Thank You-Mobile	-11.23
01/31	Payment Thank You-Mobile	-67.90
01/30	GEICO *AUTO MACON DC	-17.68
02/01	Payment Thank You-Mobile	-73.32
02/04	Payment Thank You-Mobile	-17.00
02/06	Payment Thank You-Mobile	-22.87
02/09	Payment Thank You-Mobile	-25.00
02/13	Payment Thank You-Mobile	-29.09
02/15	Payment Thank You-Mobile	-67.30
02/16	Payment Thank You-Mobile	-18.55



Manage your account online:
www.chase.com

Customer Service:
1-800-524-3880

Mobile: Visit chase.com
on your mobile browser

ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
02/17	Payment Thank You-Mobile	-73.88
02/20	Payment Thank You-Mobile	-63.40

PURCHASES

01/23	DNH*GODADDY.COM 480-5058855 AZ	130.22
01/23	DANFORDS RESTAURANT PT JEFFERSON NY	11.23
01/25	MICHAELS STORES 3752 ROCKY POINT NY	5.87
01/24	SHELL OIL 57544334303 SETAUKET NY	34.01
01/29	SPEEDWAY 07634 PORT JEFFERSON NY	28.02
01/30	COLLEGE TRANSCRIPT 847-716-3000 IL	51.00
01/30	UHC COMMUNITY PLAN 800-414-9025 MN	40.00
02/01	EXXONMOBIL 97602999 MOUNT SINAI NY	17.00
02/04	KING KULLEN #18 MOUNT SINAI NY	22.87
02/06	SPEEDWAY 07634 PORT JEFFERSON NY	25.00
02/11	CVS/PHARMACY #02960 PORT JEFFERSON NY	29.09
02/13	PROFLOWERS 800-580-2913 CA	61.87
02/13	MCDONALD'S F11736 MILLER PLACE NY	5.43
02/13	EXXONMOBIL 97602999 MOUNT SINAI NY	18.55
02/15	WAL-MART #2915 EAST SETAUKET NY	8.61
02/14	GRANT BKST #1144 BRENTWOOD NY	65.27
02/18	RITE AID STORE - 10651 MILLER PLACE NY	10.79
02/16	MCDONALD'S F10015 FARMINGVILLE NY	5.96
02/16	NEW BEST CLEANERS PORT JEFFERSON NY	13.65
02/18	SPEEDWAY 07634 PORT JEFFERSON NY	33.00
02/18	BAGELICIOUS CAFE PORT JEFFERSON NY	5.81

2017 Totals Year-to-Date

Total fees charged in 2017	\$0.00
Total interest charged in 2017	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	19.49% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	25.49% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	19.49% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

IMPORTANT NEWS

Get 5% cash back on up to \$1,500 in combined purchases at Gas Stations and on Local Commuter Transportation between January 1 and March 31, 2017.

Activate at chase.com/freedom or call 1-800-524-3880 by March 14, 2017.

STATEMENT OF ACCOUNT
E REVERSE FOR ADDITIONAL INFORMATION

8/25/2016 10:11 am
Receipt

Statement Date: 8/25/2016

Receipt Number: 294491

Molloy College
1000 Hempstead Avenue, PO Box 1110
Rockville Centre, N.Y. 11571-1110
516 323 4100

ID #: 279187

Name: Peter James Esposito

Date: 08/25/2016

Desc: Payment on Account- VISA Card

Check #: VISA

Amount: \$3,215.00

Amount Due Date : Upon Receipt

00	

77

Receipt Total: \$3,215.00

ACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

CUSTOMER COPY	Year/Term	Charges	Credits	Total
			Previous Balance:	.00
	2016FA	3,195.00	.00	
	2016FA	105.00	.00	
	2016FA	90.00	.00	
08/25/2016 Technology Fee	2016FA	200.00	.00	
08/25/2016 EDU Course Fees EDU 555A 01	2016FA	105.00	.00	
08/25/2016 Tuition Adjustment	2016FA	3,195.00	.00	
08/25/2016 General Fee Adjustment	2016FA	80.00	.00	
08/25/2016 Course Fee Adjustment EDU 550A 01	2016FA	.00	-165.00	
08/25/2016 Payment- Semester Deposit- VISA Card	2016FA	.00	-400.00	
08/25/2016 Payment on Account- VISA Card	2016FA	.00	-3,355.00	
08/25/2016 Payment on Account- VISA Card	2016FA	.00	-3,215.00	
08/25/2016 EDU Course Fees EDU 550A 01	2016FA	165.00	.00	
	Sub-totals:	7,135.00	-7,135.00	
			Amount Due:	.00

PLEASE KEEP THIS STATEMENT FOR YOUR RECORDS

This is your Fall 2016 semester bill. If you wish to enroll with TMS, you can use the 'amount due' to calculate monthly payments.

The first TMS payment is due 7/25/2016. The (*) indicate "estimated financial aid awards" – no refunds will be generated.

Tuition Refund Policy: 1st week – 100%; 2nd week – 75%; Third week –50%; 4th week – NO REFUND.

Online Health and Accident Insurance waivers may be accessed through the Lion's Den portal starting on 7/13/2016. The waiver deadline is 10/1/2016.

Requests after October 1st cannot be accepted. View and pay your bill online 24/7 at <https://lionsden.molloy.edu/ics>

FOR BILLING INFORMATION, CLICK ONLINE FACULTY & STUDENT ACCESS AT www.molloy.edu

RETAIN THIS PORTION FOR YOUR RECORDS.



STATEMENT OF ACCOUNT
SEE REVERSE FOR ADDITIONAL INFORMATION

8/25/2016 9:52 am

Receipt

Statement Date: 8/25/2016

Receipt Number: 294490

Molloy College
1000 Hempstead Avenue, PO Box 1110
Rockville Centre, N.Y. 11571-1110
516 323 4100

ID #: 279187

Name: Peter James Esposito

Date: 08/25/2016

Desc: Payment on Account- VISA Card

Check #: VISA

Amount: \$3,355.00

Amount Due Date : Upon Receipt

777	00

Receipt Total: \$3,355.00

ACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

D:	Year/Term	Charges	Credits	Total
CUSTOMER COPY				
08/2	2016FA	3,195.00	Previous Balance:	.00
08/2	2016FA	105.00	.00	
08/2	2016FA	90.00	.00	
08/25/2016 Technology Fee	2016FA	200.00	.00	
08/25/2016 Payment- Semester Deposit- VISA Card	2016FA	.00	-400.00	
08/25/2016 Payment on Account- VISA Card	2016FA	.00	-3,355.00	
08/25/2016 EDU Course Fees EDU 550A 01	2016FA	165.00	.00	
	Sub-totals:	3,755.00	-3,755.00	
			Amount Due:	.00

PLEASE KEEP THIS STATEMENT FOR YOUR RECORDS

This is your Fall 2016 semester bill. If you wish to enroll with TMS, you can use the 'amount due' to calculate monthly payments.

The first TMS payment is due 7/25/2016. The (*) indicate "estimated financial aid awards" – no refunds will be generated.

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Requests after October 1st cannot be accepted. View and pay your bill online 24/7 at <https://lionsden.molloy.edu/ics>

FOR BILLING INFORMATION, CLICK ONLINE FACULTY & STUDENT ACCESS AT www.molloy.edu

RETAIN THIS PORTION FOR YOUR RECORDS.



FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number State University of New York University at Albany 1400 Washington Avenue Albany NY 12222 Contact: ECSI: 866-428-1098		1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574 2016 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
FILER'S federal identification no. 16-1514621		2 Amounts billed for qualified tuition and related expenses \$1,423.63	3 If this box is checked, your educational institution has changed its reporting method for 2016 <input type="checkbox"/>	
STUDENT'S taxpayer identification no. *****6452		4 Adjustments made for a prior year	5 Scholarships or grants	
STUDENT'S name, street address, city, state, and ZIP code PETER J ESPOSITO 14 BEACH ROAD PORT JEFFERSON NY NY000		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2017 <input type="checkbox"/>	
Service Provider/Acct No. (see instr.)	8 Checked if at least half-time student <input type="checkbox"/>	9 Checked if a graduate student <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund	

Form 1098-T

(keep for your records) www.irs.gov/1098t Department of the Treasury-Internal Revenue Service

Please Note: If your SSN is incorrect on this form, you did not provide it to your institution. To request that your SSN be corrected, please contact your institutions campus contact listed below.

Campus Contact Information

<http://www.albany.edu>
 Contact: Student Financial Center
 Phone Number: (518) 442-3202
 E-Mail: SFC@albany.edu

The University cannot provide you with tax advice or assistance related to the credit or how to claim the credit. For assistance, please contact a tax professional or refer to IRS Publication 970 (Tax Benefits for Higher Education) If you need specific details about your student account to claim a tax credit, you may access your account on the MyUALbany portal – www.albany.edu/myualbany. Detailed information about the 1098-T form can be found at www.albany.edu/1098t.

View on the Web at www.ecsi.net/1098t
 School Code: SA Acct#: Your SSN Pin#: 90089

Account Information

Suffolk County Community College
PSY 213 - The Exceptional
Child

Account Transactions Deposits



Charges and credits on your account are listed below, beginning with the most recent. Anticipated credits including pending financial aid are **NOT** included in this listing.

Account Detail

Account Balance:

\$0.00

Date Recorded	Description	Term	Charge	Credit
Dec 16, 2016	Web Payment - Ammerman	Spring 2017		\$782.00
Dec 16, 2016	Web Access Fee	Spring 2017	\$20.00	
Dec 11, 2016	Part-Time Tuition Spring	Spring 2017	\$597.00	
Dec 11, 2016	Vehicle Registration Fee	Spring 2017	\$15.00	
Dec 11, 2016	Technology Fee	Spring 2017	\$65.00	
Dec 11, 2016	Student Activity Fee	Spring 2017	\$27.00	
Dec 11, 2016	Records Maintenance Fee	Spring 2017	\$9.00	
Dec 11, 2016	Student Accident Insurance Fee	Spring 2017	\$9.00	
Dec 11, 2016	Application Fee	Spring 2017	\$40.00	

RELEASE: 8.5.4.4

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Peter J. Esposito
14 Beach Road
Port Jefferson, NY 11777

St. Joseph's College
Location: SU Patchogue, NY

Receipt: 000290715


Received From: Peter J. Esposito

Date of Receipt
08/30/16

Payment For	Peter J. Esposito	2016FA	2,785.67
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VISA Charge	0996	2,785.67
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Total:		2,785.67
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Signature X 

Dowling College Expenses

Total Dowling College Expenditures Report		
Additional Bank Statements/Receipts Available Upon Request		

Required Tuition and Fees		
College	Amount Paid	Date Paid
2014 Dowling 1098-T	\$ 9,078.00	Year 2014
2015 Dowling 1098-T	\$ 21,960.00	Year 2015
TOTAL	\$ 31,038.00	

Required Testing Fees, Materials and Workshops		
Expense	Amount Paid	Date Paid
Exam Fee	\$ 109.00	11/11/14
Exam Fee	\$ 109.00	12/30/14
Study Material	\$ 109.00	01/16/15
Publication/Subsc.	\$ 80.00	03/18/15
Study Materials	\$ 35.01	06/18/15
Study Materials	\$ 30.00	06/30/15
Exam Fee	\$ 102.00	08/09/15
Exam Fee	\$ 131.00	08/09/15
Exam Fee	\$ 149.00	08/09/15
Publication/Subsc.	\$ 50.00	08/25/14
Study Materials	\$ 29.90	8/17/2015
Study Materials	\$ 49.75	10/6/2015
Study Materials	\$ 14.95	12/8/2015
Study Materials	\$ 24.00	12/8/2015
Study Materials	\$ 49.75	12/10/2015
Exam Fee	\$ 59.90	1/11/2016
Exam Fee	\$ 149.00	1/27/2016
Publication/Subsc.	\$ 90.00	3/5/2016
Publication/Subsc.	\$ 50.00	3/10/2016
Exam Fee	\$ 149.00	5/20/2016
Study Materials	\$ 29.90	5/6/2016
Study Materials	\$ 94.16	5/10/2016
Study Materials	\$ 29.00	6/1/2016
TOTAL	\$ 1,723.32	

Educational Materials		
Expense	Amount Paid	Date Paid
Books/Materials	\$ 121.35	05/12/14
Books/Materials	\$ 32.58	05/31/14
Books/Materials	\$ 10.47	05/31/14
Books/Materials	\$ 137.60	06/02/14
Books/Materials	83.05	8/28/2014
Books/Materials	\$ 33.19	8/30/2014
Books/Materials	\$ 159.95	9/3/2014
Books/Materials	\$ 52.60	1/12/2015
Books/Materials	\$ 100.70	5/15/2015
Books/Materials	\$ 17.45	5/25/2015
Books/Materials	\$ 20.26	8/14/2015
Books/Materials	\$ 176.25	8/26/2015
Books/Materials	\$ 18.97	11/28/2015
Books/Materials	\$ 30.60	12/8/2015
Books/Materials	\$ 44.97	12/7/2015
Books/Materials	\$ 66.43	1/6/2016
Books/Materials	\$ 32.20	1/19/2016
Books/Materials	\$ 47.41	5/13/2016
Books/Materials	\$ 47.77	5/12/2016
Books/Materials	\$ 10.13	6/1/2016
Books/Materials	\$ 12.87	6/16/2017
TOTAL	\$ 1,256.80	

TOTAL REQUIRED DOWLING COLLEGE EXPENSE:

\$34,018.12



426684129813099600002500000091430000000008

P.O. BOX 15123
WILMINGTON, DE
19850-5123

Payment Due Date:	06/17/14
New Balance:	\$91.43
Minimum Payment:	\$25.00

Account number: 4266 8412 9813 0996

02805 BEX 9 14014 C

PETER J ESPOSITO
14 BEACH RD
PORT JEFFERSON NY 11777-1266

\$ _____ Amount Enclosed
Make your check payable to: Chase Card Services



CARDMEMBER SERVICE
PO BOX 15153
WILMINGTON DE 19886-5153

500016028 20312981309965



Manage your account online:
www.chase.com/freedom



Customer Service:
1-800-524-3880



Mobile: Visit chase.com
on your mobile browser

ACCOUNT SUMMARY

Account Number: 4266 8412 9813 0996

Previous Balance	\$264.30
Payment, Credits	-\$4,874.07
Purchases	+\$4,701.20
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
New Balance	\$91.43

Opening/Closing Date	04/21/14 - 05/20/14
Credit Limit	\$4,500
Available Credit	\$4,408
Cash Access Line	\$900
Available for Cash	\$900
Past Due Amount	\$0.00
Balance over the Credit Limit	\$0.00

PAYMENT INFORMATION

New Balance	\$91.43
Payment Due Date	06/17/14
Minimum Payment Due	\$25.00

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$35.00 and your APR's will be subject to increase to a maximum Penalty APR of 29.99%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay ..	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 months	\$95

If you would like information about credit counseling services, call 1-866-797-2885.

YOUR ACCOUNT MESSAGES

New York Residents: New York residents may contact the New York State Banking Department at 1-800-518-8866 to obtain a comparative list of credit card rates, fees and grace periods.

CHASE FREEDOM® ULTIMATE REWARDS® SUMMARY

Previous points balance	9,390
+ 1% (1 Pt)/\$1 earned on all purchases	4,702
+ Bonus points from Ultimate Rewards Mall	0
= Total points available for redemption	14,092

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
---------------------	--	-----------

PAYMENTS AND OTHER CREDITS

04/25	Payment Thank You - Web	-2,336.40
05/03	Payment Thank You - Web	-2,224.98
05/08	Payment Thank You - Web	-100.01
05/15	Payment Thank You - Web	-212.68

PURCHASES

04/19	CVS PHARMACY #2960 O03 PORT JEFFERSON NY	7.33
04/21	DICK'S SPORTING GOODS LAKE GROVE NY	317.61
04/21	FRIENDLY ICE CREAM STONY BROOK NY	2.16
04/22	DOWLING COLLEGE BURSAR OAKDALE NY	1,714.00
04/22	HESS 32315 PORT JEFFERSON NY	31.00
04/23	CARVEL #1297 EAST SETAUKET NY	4.12
04/26	HERITAGE DINER MOUNT SINAI NY	30.16
04/24	EXXONMOBIL 97636328 CORAM NY	6.74
04/24	EXXONMOBIL 97636328 CORAM NY	23.02
04/30	MICHAELS STORES 5026 STONY BROOK NY	35.25



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Mobile: Visit chase.com
on your mobile browser

ACCOUNT ACTIVITY

(CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
04/30	GEICO 800-841-3000 DC	108.69
04/30	DISNEY RESORT-WDTC 7147814554 FL	2,013.00
05/01	7-ELEVEN 11241 FARMINGVILLE NY	4.00
05/01	HESS 32315 PORT JEFFERSO NY	50.01
05/01	HESS 32315 PORT JEFFERSO NY	50.00
05/05	7-ELEVEN 34673 CORAM NY	1.59
05/07	CVS PHARMACY #2960 Q03 PORT JEFFERSO NY	16.48
05/07	CVS PHARMACY #2960 Q03 PORT JEFFERSO NY	3.25
05/12	RAY THE PLUMBER 6315812500 NY	54.26
05/12	DISNEY STORE #329 LAKE GROVE NY	15.75
05/12	DOWLINGCOLBKSTORE #7099 631-589-4644 NY	121.35
05/13	CARVEL #2660 PORT JEFFERSO NY	9.54
05/14	SHELL OIL 57544334303 SETAUKET NY	32.02
05/16	7-ELEVEN 11241 FARMINGVILLE NY	3.56
05/17	7-ELEVEN 11241 FARMINGVILLE NY	3.89
05/17	HESS 32315 PORT JEFFERSO NY	30.00
05/18	MCDONALD'S F1985 PORT JEFFERSO NY	8.07
05/18	RALPHS FAMOUS OF PORT JEF PRT JEFFERSON NY	4.35

2014 Totals Year-to-Date

Total fees charged in 2014	\$0.00
Total interest charged in 2014	\$0.00

Year-to-date totals do not reflect any fee or interest refunds
you may have received

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

30 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.



42668412981309960000229000000229000000000006

P.O. BOX 15123
WILMINGTON, DE
19850-5123

Payment Due Date: 07/17/14
New Balance: \$22.90
Minimum Payment: \$22.90

Account number: 4266 8412 9813 0996

02826 BEY 9 17114 C

PETER J ESPOSITO
14 BEACH RD
PORT JEFFERSON NY 11777-1266

\$ Amount Enclosed
Make your check payable to: Chase Card Services



CARDMEMBER SERVICE
PO BOX 15153
WILMINGTON DE 19886-5153

5000 16028 2031 298 1309965



Manage your account online:
www.chase.com/freedom



Customer Service:
1-800-524-3880



Mobile: Visit chase.com
on your mobile browser

ACCOUNT SUMMARY

Account Number: 4266 8412 9813 0996

Previous Balance	\$91.43
Payment, Credits	-\$1,667.80
Purchases	+\$1,599.27
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
New Balance	\$22.90

Opening/Closing Date	05/21/14 - 06/20/14
Credit Limit	\$4,500
Available Credit	\$4,477
Cash Access Line	\$900
Available for Cash	\$900

Past Due Amount	\$0.00
Balance over the Credit Limit	\$0.00

PAYMENT INFORMATION

New Balance	\$22.90
Payment Due Date	07/17/14
Minimum Payment Due	\$22.90

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$35.00 and your APR's will be subject to increase to a maximum Penalty APR of 29.99%.

YOUR ACCOUNT MESSAGES

New York Residents: New York residents may contact the New York State Banking Department at 1-800-518-8866 to obtain a comparative list of credit card rates, fees and grace periods.

CHASE FREEDOM: ULTIMATE REWARDS® SUMMARY

Previous points balance	14,092
+ 1% (1 Pt)/\$1 earned on all purchases	1,600
+ Bonus points from Ultimate Rewards Mall	0
- Points redeemed this statement period	14,092
= Total points available for redemption	1,600

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
PAYMENTS AND OTHER CREDITS		
05/27	Payment Thank You - Web	-198.49
06/03	Payment Thank You - Web	-223.84
06/07	REDEMPTION CREDIT	-140.92
06/09	Payment Thank You - Web	-925.49
06/18	Payment Thank You - Web	-179.06

PURCHASES

05/20	7-ELEVEN 11241 FARMINGVILLE NY	3.56
05/21	7-ELEVEN 11241 FARMINGVILLE NY	3.56
05/22	7-ELEVEN 32758 CENTEREACH NY	3.78
05/22	GULF OIL 92040558 E SETAUKET NY	40.00
05/23	7-ELEVEN 11241 FARMINGVILLE NY	3.56
05/24	7-ELEVEN 11241 FARMINGVILLE NY	3.35
05/24	DON OUIJOTE MILLER PLACE NY	49.25
05/26	CVS PHARMACY #3010 003 SETAUKET NY	17.64
05/28	7-ELEVEN 11241 FARMINGVILLE NY	5.84



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on your mobile browser

ACCOUNT ACTIVITY

(CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
05/30	GEICO 800-841-3000 DC	87.15
06/01	MCDONALD'S F24687 PRT JEFFERSON NY	8.13
05/31	BARNES & NOBLE #2325 LAKE GROVE NY	32.58
05/31	COUNTRY FAIR ENTERTAIN MEDFORD NY	19.00
05/31	IDLE HOUR DELI OAKDALE NY	10.47
05/31	HESS 32315 PORT JEFF STA NY	43.03
06/01	CVS PHARMACY #2960 Q03 PORT JEFFERSO NY	4.15
06/02	DOWLINGCOLBKSTORE #7099 631-589-4644 NY	137.60
06/02	CVS PHARMACY #2960 Q03 PORT JEFFERSO NY	5.24
06/02	RALPHS ITALIAN ICES STONYBROOK NY	5.59
06/03	DICK'S SPORTING GOODS LAKE GROVE NY	456.17
06/04	DICK'S SPORTING GOODS LAKE GROVE NY	10.44
06/04	7-ELEVEN 11241 FARMINGVILLE NY	3.45
06/05	7-ELEVEN 11241 FARMINGVILLE NY	5.84
06/06	SOUTHWES 5260647421579 800-435-9792 TX	25.00
060614 1 A	DAL DAL	
06/06	WAL-MART #2915 EAST SETAUKET NY	21.53
06/07	7-ELEVEN 11241 FARMINGVILLE NY	5.84
06/06	7-ELEVEN 11241 FARMINGVILLE NY	3.56
06/06	SOUTHWES 5262421845445 800-435-9792 TX	382.00
081014 1 W	ISP MCO	
2 W	MCO ISP	
06/08	CVS PHARMACY #2960 Q03 PORT JEFFERSO NY	53.79
06/08	HESS 32315 PORT JEFF STA NY	40.00
06/10	7-ELEVEN 32758 CENTEREACH NY	3.45
06/11	7-ELEVEN 11241 FARMINGVILLE NY	3.35
06/12	7-ELEVEN 11241 FARMINGVILLE NY	5.84
06/12	HESS 32315 PORT JEFF STA NY	25.01
06/12	CVS PHARMACY #2960 Q03 PORT JEFFERSO NY	6.51
06/14	7-ELEVEN 11241 FARMINGVILLE NY	5.84
06/13	7-ELEVEN 11241 FARMINGVILLE NY	5.84
06/13	EAST COAST BURRITO CO EAST SETAUKET NY	23.59
06/16	7-ELEVEN 11241 FARMINGVILLE NY	5.84
06/17	7-ELEVEN 11241 FARMINGVILLE NY	4.65
06/18	7-ELEVEN 11241 FARMINGVILLE NY	7.74
06/19	BOSTON MARKET 0234 SELDEN NY	10.51

2014 Totals Year-to-Date

Total fees charged in 2014	\$0.00
Total interest charged in 2014	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.



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ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
08/30	Amazon.com AMZN.COM/BILL WA	33.19
08/29	DICK'S SPORTING GOODS LAKE GROVE NY	271.54
08/29	DICK'S SPORTING GOODS LAKE GROVE NY	115.08
08/30	GEICO 800-841-3000 DC	111.75
09/01	EXXONMOBIL 97602999 MOUNT SINAI NY	28.78
09/03	DOWUNGCOLLBKSTORE #7099 631-589-4644 NY	159.95
09/05	7-ELEVEN 11241 FARMINGVILLE NY	6.06
09/06	7-ELEVEN 11241 FARMINGVILLE NY	9.03
09/06	HESS 32315 PORT JEFF STA NY	40.01
09/10	MCDONALD'S F1985 PORT JEFFERSO NY	11.75
09/12	HESS 32315 PORT JEFF STA NY	33.00

2014 Totals Year-to-Date

Total fees charged in 2014	\$0.00
Total interest charged in 2014	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.



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ACCOUNT ACTIVITY

(CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
11/04	STARBUCKS #07210 PORT JEFF Port Jefferson NY	10.10
11/06	DEMA LIQUORS SETAUKET NY	20.63
11/04	COACH 00025668 LAKE GROVE NY	84.73
11/09	STARBUCKS #07844 MILLER P Miller Place NY	7.11
11/11	PROMETRIC *EXAM FEE 800-853-6769 MD	109.00
11/10	HESS 32315 PORT JEFF STA NY	38.24
11/13	MACY'S EAST #0013 LAKE GROVE NY	141.21
11/13	PIER 1 00007047 LAKE GROVE NY	54.26
11/14	MICHAELS STORES 5026 STONY BROOK NY	48.70
11/13	LIDS 5097 LAKE GROVE NY	58.05
11/17	GLEIM PUBLICATIONS INC 352-3750772 FL	30.00
11/17	HESS 32315 PORT JEFF STA NY	43.02

2014 Totals Year-to-Date

Total fees charged in 2014	\$0.00
Total interest charged in 2014	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

IMPORTANT NEWS

There are important changes to your benefits and rewards program. To learn more about these changes, visit us at Chase.com/Freedom4



426684129813099600002363000023630000000004

P.O. BOX 15123
WILMINGTON, DE
19850-5123

Get updates on the go
Log on to chase.com/alerts

Payment Due Date:	01/17/15
New Balance:	\$23.63
Minimum Payment:	\$23.63

Account number: 4266 8412 9813 0996

01423 BEX 9 35414 C
PETER J ESPOSITO
14 BEACH RD
PORT JEFFERSON NY 11777-1266

\$ _____ Amount Enclosed
Make your check payable to: Chase Card Services



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PO BOX 15153
WILMINGTON DE 19886-5153

5000 160 28 203 1298 1309965



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www.chase.com/freedom



Customer Service:
1-800-524-3880



Mobile: Visit chase.com
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ACCOUNT SUMMARY

Account Number: 4266 8412 9813 0996

Previous Balance	\$0.00
Payment, Credits	-\$4,847.16
Purchases	+\$4,870.79
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
New Balance	\$23.63
Opening/Closing Date	11/21/14 - 12/20/14
Credit Limit	\$4,500
Available Credit	\$4,476
Cash Access Line	\$900
Available for Cash	\$900
Past Due Amount	\$0.00
Balance over the Credit Limit	\$0.00

PAYMENT INFORMATION

New Balance	\$23.63
Payment Due Date	01/17/15
Minimum Payment Due	\$23.63

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$35.00 and your APR's will be subject to increase to a maximum Penalty APR of 29.99%.

YOUR ACCOUNT MESSAGES

New York Residents: New York residents may contact the New York State Banking Department at 1-800-518-8866 to obtain a comparative list of credit card rates, fees and grace periods.

CHASE FREEDOM® ULTIMATE REWARDS® SUMMARY

Previous points balance	5,588	Redeeming your points for Cash Back rewards is easy! For example, 2,000 points = \$20 Cash Back rewards. To review your reward options visit chase.com/freedom
+ 1% (1 Pt)/\$1 earned on all purchases	4,871	
+ 1% (1 Pt)/\$1 on Ultimate Rewards travel	0	
= Total points available for redemption	10,459	

You always earn unlimited 1% cash back on all your purchases. Activate new bonus categories every quarter. You'll earn an additional 4% cash back for a total of 5% cash back on up to \$1,500 in combined bonus category purchases each quarter. Activate for free at chase.com/freedom, visit a Chase branch or call the number on the back of your card.

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
PAYMENTS AND OTHER CREDITS		
11/30	Payment Thank You - Web	-3,775.03
12/05	Payment Thank You - Web	-111.65
12/11	Payment Thank You - Web	-698.04
12/19	Payment Thank You-Mobile	-262.44
PURCHASES		
11/25	HESS 32315 PORT JEFF STA NY	35.03
11/25	EUROPEAN WAX CENTER STO STONY BROOK NY	58.00
11/27	DOWLING COLL 800-3398131 CT	3,682.00
11/30	GEICO *AUTO 800-841-3000 DC	111.65
12/05	JENS CHINESE FOOD MT SINAI NY	32.36
12/05	HESS 32315 PORT JEFF STA NY	15.02
12/08	APPLE STORE #R139 LAKE GROVE NY	650.66



Manage your account online:
www.chase.com/freedom



Customer Service:
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Mobile: Visit chase.com
on your mobile browser

ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
12/22	STOP & SHOP 0574 SETAUKET NY	9.77
12/22	MAR-KAYS PORT JEFF STA NY	123.80
12/22	CHUN HOW KITCHEN EAST SETAUKET NY	21.34
12/23	CVS/PHARMACY #02960 PORT JEFFERSO NY	50.00
12/26	BEST BUY MHT 00004580 SOUTH SETAUKE NY	124.90
12/26	RESTAURANT FIVE FIVE 2 SAINT JAMES NY	25.00
12/30	PROMETRIC *EXAM FEE 800-853-6769 MD	109.00
12/30	GEICO *AUTO 800-841-3000 DC	111.65
01/07	OALI 6 COMMACK NY	40.00
01/07	COCEL INC SINAI MT SINAI NY	24.01
01/12	DOWLING-COLL-BKSTORE#7090 OAKDALE NY	52.60
01/13	MACY'S EAST #0013 LAKE GROVE NY	23.16
01/16	PROMETRIC *EXAM FEE 800-853-6769 MD	109.00

2015 Totals Year-to-Date

Total fees charged in 2015	\$0.00
Total interest charged in 2015	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

IMPORTANT NEWS

Get 5% cash back on up to \$1,500 in combined purchases between January 1 and March 31 at Select Grocery Stores, Movie theaters, and Starbucks(R) stores.
Activate at chase.com/freedom or call 1-800-524-3880 by March 14, 2015.



42668412981309960000250000003001000000001

P.O. BOX 15123
WILMINGTON, DE
19850-5123

Payment Due Date: 04/17/15
New Balance: \$30.01
Minimum Payment: \$25.00

Account number: 4266 8412 9813 0996

02798 BEX 9 07915 C
PETER J ESPOSITO
14 BEACH RD
PORT JEFFERSON NY 11777-1266

\$ Amount Enclosed
Make your check payable to: Chase Card Services



CARDMEMBER SERVICE
PO BOX 15153
WILMINGTON DE 19886-5153

500016028 20312981309965



Manage your account online:
www.chase.com/freedom



Customer Service:
1-800-524-3880



Mobile: Visit chase.com
on your mobile browser

ACCOUNT SUMMARY

Account Number: 4266 8412 9813 0996

Previous Balance	\$25.00
Payment, Credits	-\$889.71
Purchases	+\$894.72
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
New Balance	\$30.01

Opening/Closing Date	02/21/15 - 03/20/15
Credit Limit	\$10,000
Available Credit	\$9,969
Cash Access Line	\$2,000
Available for Cash	\$2,000
Past Due Amount	\$0.00
Balance over the Credit Limit	\$0.00

PAYMENT INFORMATION

New Balance	\$30.01
Payment Due Date	04/17/15
Minimum Payment Due	\$25.00

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$35.00 and your APR's will be subject to increase to a maximum Penalty APR of 29.99%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	2 months	\$31

If you would like information about credit counseling services, call 1-866-797-2885.

YOUR ACCOUNT MESSAGES

New York Residents: New York residents may contact the New York State Banking Department at 1-800-518-8866 to obtain a comparative list of credit card rates, fees and grace periods.

CHASE FREEDOM: ULTIMATE REWARDS® SUMMARY

Previous points balance	15,303	Redeeming your points for Cash Back rewards is easy!
+ 1% (1 Pt)/\$1 earned on all purchases	895	For example, 2,000 points = \$20 Cash Back rewards.
+ 1% (1 Pt)/\$1 on Ultimate Rewards travel	0	To review your reward options visit
+ Bonus from 1Q 5% category: Starbucks	390	chase.com/freedom .
+ Bonus from 1Q 5% cat: Select Grocery Strs	172	
= Total points available for redemption	16,760	

You always earn unlimited 1% cash back on all your purchases. Activate new bonus categories every quarter. You'll earn an additional 4% cash back, for a total of 5% cash back on up to \$1,500 in combined bonus category purchases each quarter. Activate for free at chase.com/freedom, visit a Chase branch or call the number on the back of your card.

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
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PAYMENTS AND OTHER CREDITS

02/21	Payment Thank You-Mobile	-25.00
02/23	Payment Thank You-Mobile	-32.30
02/25	Payment Thank You - Web	-40.05
02/26	Payment Thank You-Mobile	-36.83
02/27	Payment Thank You - Web	-24.83
02/28	Payment Thank You-Mobile	-4.83
03/03	Payment Thank You-Mobile	-180.60
03/05	Payment Thank You-Mobile	-33.54
03/06	Payment Thank You-Mobile	-33.54
03/11	Payment Thank You-Mobile	-62.14



Manage your account online:
www.chase.com/freedom



Customer Service:
1-800-524-3880



Mobile: Visit chase.com
on your mobile browser

ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
03/12	Payment Thank You-Mobile	-4.83
03/14	Payment Thank You-Mobile	-22.58
03/15	Payment Thank You-Mobile	-22.58
03/16	Payment Thank You-Mobile	-276.40
03/18	Payment Thank You-Mobile	-9.66
03/20	Payment Thank You-Mobile	-80.00

PURCHASES

02/20	CVS/PHARMACY #02305 MILLER PLACE NY	15.79
02/20	STARBUCKS #07844 MILLER P Miller Place NY	4.83
02/19	TACO BELL 000200026989 PORT JEFFERSON NY	11.68
02/22	STARBUCKS #07844 MILLER P Miller Place NY	4.83
02/23	STARBUCKS #07844 MILLER P Miller Place NY	4.83
02/23	PORT JEFFERSON AGWAY MOUNT SINAI NY	6.51
02/23	PORT JEFFERSON AGWAY MOUNT SINAI NY	23.88
02/23	SHELL OIL 57544334303 SETAUKET NY	32.00
02/24	STARBUCKS #07844 MILLER P Miller Place NY	4.83
02/25	ISLAND P/T & WELLNESS CT PORT JEFF STA NY	20.00
02/25	STARBUCKS #07210 PORT JEF Port Jefferso NY	4.83
02/26	STARBUCKS #07844 MILLER P Miller Place NY	4.83
02/27	STARBUCKS #07844 MILLER P Miller Place NY	4.83
02/28	GEICO *AUTO 800-841-3000 DC	111.65
03/01	STARBUCKS #07844 MILLER P Miller Place NY	4.83
02/27	SALSA SALSA PORT JEFFERSON NY	26.29
02/28	SHELL OIL 57544334303 SETAUKET NY	33.00
03/02	STARBUCKS #07844 MILLER P Miller Place NY	4.83
03/02	PORT JEFFERSON AGWAY MOUNT SINAI NY	23.88
03/03	STARBUCKS #07844 MILLER P Miller Place NY	4.83
03/05	STARBUCKS #07844 MILLER P Miller Place NY	4.83
03/06	STARBUCKS #07844 MILLER P Miller Place NY	7.11
03/06	WENDYS #2467 PORT JEFF STA NY	10.51
03/07	STARBUCKS #07210 PORT JEF Port Jefferso NY	8.28
03/07	HESS 32315 PORT JEFF STA NY	22.00
03/08	BODYBUILDING COM 866-236-8417 ID	42.95
03/10	STARBUCKS #07844 MILLER P Miller Place NY	4.83
03/12	STARBUCKS #07844 MILLER P Miller Place NY	9.56
03/11	HESS 32315 PORT JEFF STA NY	13.02
03/13	TACO BELL 000200026989 PORT JEFFERSON NY	10.92
03/14	STUBHUB, INC 866-788-2482 CA	283.23
03/13	STARBUCKS #07844 MILLER P Miller Place NY	4.83
03/15	STARBUCKS #07210 PORT JEF Port Jefferso NY	4.83
03/16	STARBUCKS #07844 MILLER P Miller Place NY	4.83
03/18	KAPPA DELTA PI 317-871-4900 IN	80.00
03/18	HESS 32315 PORT JEFF STA NY	30.01

2015 Totals Year-to-Date

Total fees charged in 2015	\$0.00
Total interest charged in 2015	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

28 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.



Manage your account online:
www.chase.com/freedom



Customer Service:
1-800-524-3880



Mobile: Visit chase.com
on your mobile browser

ACCOUNT ACTIVITY

(CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
04/24	TACO BELL 000200026989 PORT JEFFERSO NY	23.57
04/25	JP3 SERVICE INC CORAM NY	28.60
04/30	GEICO *AUTO 800-841-3000 DC	100.27
05/01	DOWLING COLL 800-3398131 CT	7,320.00
05/02	SOLSTICE MKRT CPT 1056 PARSIPPANY NJ	162.94
05/09	AUTOZONE #4711 PORT JEFFERSO NY	50.00
05/09	TEAVANA #233 LAKE GROVE NY	56.89
05/09	J. CREW RETAIL #655 LAKE GROVE NY	78.70
05/15	DOWLINGCOLLBKSTORE #7099 631-589-4644 NY	100.70

2015 Totals Year-to-Date

Total fees charged in 2015	\$0.00
Total interest charged in 2015	\$0.00

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INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

30 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable

IMPORTANT NEWS

Get 5% cash back on up to \$1,500 in combined purchases between April 1 and June 30 at Restaurants, Bed Bath & Beyond(R), H&M(R) and Overstock.com(TM).
Activate at chase.com/freedom or call 1-800-524-3880 by June 14, 2015.



Manage your account online:
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Customer Service:
1-800-524-3880



Mobile: Visit chase.com
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ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
06/07	STOP & SHOP 0574 SETAUKET NY	34.82
06/07	STOP & SHOP 0574 SETAUKET NY	7.58
06/07	MARIA'S RESTAURANT NESCONSET NY	50.00
06/09	7-ELEVEN 11241 FARMINGVILLE NY	2.61
06/09	CARLOS PIZZA SHIRLEY NY	14.95
06/13	GULF OIL 92040558 E SETAUKET NY	42.12
06/14	BOBS-STORES #0015 SELDEN NY	110.88

2015 Totals Year-to-Date

Total fees charged in 2015	\$0.00
Total interest charged in 2015	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.



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Customer Service:
1-800-524-3880



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ACCOUNT ACTIVITY

(CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
07/15	Payment Thank You-Mobile	-60.23
07/20	Payment Thank You - Web	-35.50

PURCHASES

06/18	OAKDALE OAKDALE NY	35.01
06/25	TRAVELOCITY.COM www.tvl.com NV	444.38
06/25	COCEL INC SINAI MT SINAI NY	38.00
06/28	WENDYS #2467 PORT JEFF STA NY	9.10
06/30	GEICO *AUTO 800-841-3000 DC	100.27
06/29	PRECISION LAWN SUPPLY PORT JEFF STA NY	70.93
07/01	PORT JEFFERSON AGWAY MOUNT SINAI NY	13.01
06/30	OAKDALE OAKDALE NY	30.00
07/01	BESITO HUNTINGTON HUNTINGTON NY	84.00
07/05	GULF OIL 92040558 E SETAUKET NY	33.00
07/06	STARBUCKS #07844 MILLER P Miller Place NY	4.83
07/07	STARBUCKS #07844 MILLER P Miller Place NY	4.83
07/11	SPEEDWAY 07634 PORT JEFFERSO NY	28.00
07/12	THE HOME DEPOT 1265 S SETAUKET NY	60.23
07/17	SPEEDWAY 07634 PORT JEFFERSO NY	17.50
07/17	SPEEDWAY 07634 PORT JEFFERSO NY	18.00

2015 Totals Year-to-Date

Total fees charged in 2015	\$0.00
Total interest charged in 2015	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

30 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable

IMPORTANT NEWS

Keep up to date when you are on the go
Log on to chase.com/alerts
to set up your alerts

Get 5% cash back on up to \$1,500 in combined purchases
at Gas Stations and Kohl's(R)
between July 1 and September 30, 2015.
Activate at chase.com/freedom or
call 1-800-524-3880 by September 14, 2015.



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1-800-524-3880



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on your mobile browser

ACCOUNT ACTIVITY

(CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
PURCHASES		
07/22	KING KULLEN #18 MOUNT SINAI NY	21.36
07/23	SPEEDWAY 07634 PORT JEFFERSO NY	22.00
07/24	TURKEY HILL #280 ENOLA PA	32.65
07/25	SIENNA MERCATO PITTSBURGH PA	35.00
07/26	TURKEY HILL #0239 069 SOMERSET PA	34.02
07/27	SPEEDWAY 07634 PORT JEFFERSO NY	23.39
07/26	SHELL OIL 57545707507 ALLENTOWN PA	22.00
07/28	DOWLING COLLEGE BURSAR 631-2443013 NY	9,500.00
07/30	GEICO *AUTO 800-841-3000 DC	174.12
08/02	SPEEDWAY 07634 PORT JEFFERSO NY	36.00
08/07	GOODYEAR AUTO SVS CTR 869 PRT JEFNS STA NY	37.00
08/09	EVAL SYSTEMS TEST FEE 413-256-0444 MA	102.00
08/09	EVAL SYSTEMS TEST FEE 413-256-0444 MA	131.00
08/09	EVAL SYSTEMS TEST FEE 413-256-0444 MA	149.00
08/11	COCEL INC SINAI MT SINAI NY	39.00
08/14	BARNES&NOBLE.COM-BN 800-843-2665 NY	20.62
08/15	COASTAL 0991897000 ROCKY POINT NY	19.01
08/17	EXAM EDGE LLC 215-853-2943 PA	29.90

2015 Totals Year-to-Date

Total fees charged in 2015	\$0.00
Total interest charged in 2015	\$0.00

Year-to-date totals do not reflect any fee or interest refunds
you may have received

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

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IMPORTANT NEWS

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between July 1 and September 30, 2015.
Activate at chase.com/freedom or
call 1-800-524-3880 by September 14, 2015.



426684129813099600001700000017000000000006

P.O. BOX 15123
WILMINGTON, DE
19850-5123

Payment Due Date:	10/17/15
New Balance:	\$17.00
Minimum Payment:	\$17.00

Account number: 4266 8412 9813 0996

02316 BEX 6 26315 C

PETER J ESPOSITO
14 BEACH RD
PORT JEFFERSON NY 11777-1266

\$ _____ Amount Enclosed
Make your check payable to: Chase Card Services

CARDMEMBER SERVICE
PO BOX 15153
WILMINGTON DE 19886-5153

500016028 20312981309965



Manage your account online:
www.chase.com/freedom



Customer Service:
1-800-524-3880



Mobile: Visit chase.com
on your mobile browser

ACCOUNT SUMMARY

Account Number: 4266 8412 9813 0996

Previous Balance	\$0.00
Payment, Credits	-\$645.20
Purchases	+\$662.20
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
New Balance	\$17.00
Opening/Closing Date	08/21/15 - 09/20/15
Credit Limit	\$10,000
Available Credit	\$9,983
Cash Access Line	\$2,000
Available for Cash	\$2,000
Past Due Amount	\$0.00
Balance over the Credit Limit	\$0.00

PAYMENT INFORMATION

New Balance	\$17.00
Payment Due Date	10/17/15
Minimum Payment Due	\$17.00

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$35.00.

YOUR ACCOUNT MESSAGES

New York Residents: New York residents may contact the New York State Department of Financial Services at 1-800-342-3736 or go to www.dfs.ny.gov to obtain a comparative list of credit card rates, fees, and grace periods.

CHASE FREEDOM® ULTIMATE REWARDS® SUMMARY

Previous points balance	12,757	Redeeming your points for Cash Back rewards is easy! For example, 2,000 points = \$20 Cash Back rewards. To review your reward options visit chase.com/freedom .
+ 1% (1 Pt/\$1) earned on all purchases	663	
+ 1% (1 Pt/\$1) on Ultimate Rewards travel	0	
+ Bonus from 3Q 5% category: Gas stations	244	
= Total points available for redemption	13,664	

You always earn unlimited 1% cash back on all your purchases. Activate new bonus categories every quarter. You'll earn an additional 4% cash back, for a total of 5% cash back on up to \$1,500 in combined bonus category purchases each quarter. Activate for free at chase.com/freedom, visit a Chase branch or call the number on the back of your card.

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
PAYMENTS AND OTHER CREDITS		
08/22	Payment Thank You-Mobile	-4.87
08/27	Payment Thank You-Mobile	-327.25
08/29	Payment Thank You-Mobile	-176.25
08/31	Payment Thank You-Mobile	-39.51
09/02	Payment Thank You-Mobile	-22.75
09/13	Payment Thank You-Mobile	-66.11
09/17	Payment Thank You-Mobile	-8.46
PURCHASES		
08/20	7-ELEVEN 11241 FARMINGVILLE NY	4.87
08/25	SMITHTOWN ACURA ST JAMES NY	327.25
08/26	DOWLINGCOLBKSTORE #7099 631-589-4644 NY	176.25



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Customer Service:
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Mobile: Visit chase.com
on your mobile browser

ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
10/14	Payment Thank You-Mobile	-11.37
10/15	Payment Thank You-Mobile	-28.48
10/19	Payment Thank You-Mobile	-35.83
10/20	Payment Thank You-Mobile	-9.17

PURCHASES

09/24	STARBUCKS #07844 MILLER P Miller Place NY	7.66
09/25	BOSTON MARKET 0234 SELDEN NY	13.44
09/24	COCEL INC SINAI MT SINAI NY	31.00
09/26	MILLER PLACE BAGELS MILLER PLACE NY	16.38
09/26	Unique Cleaners of Miller Miller Place NY	44.00
09/30	GEICO *AUTO 800-841-3000 DC	555.00
10/02	SPEEDWAY 07634 PORT JEFFERSO NY	28.33
10/04	BURGER KING #2236 STONYBROOK NY	15.09
10/05	STARBUCKS #07844 MILLER P Miller Place NY	4.83
10/06	MCDONALD'S F1985 PORT JEFFERSO NY	14.73
10/06	EXAM EDGE LLC 215-853-2943 PA	49.75
10/08	PARTY HARDY MILLE PLCE MILLER PLACE NY	12.12
10/10	WENDYS #2467 PORT JEFF STA NY	11.37
10/13	SPEEDWAY 07634 PORT JEFFERSO NY	28.48
10/17	COSTELLO'S ACE 153 ROCKY POINT NY	17.36
10/15	Taco Bakery STONY BROOK NY	18.47
10/18	KING KULLEN #18 MOUNT SINAI NY	9.17

2015 Totals Year-to-Date

Total fees charged in 2015	\$0.00
Total interest charged in 2015	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

30 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

IMPORTANT NEWS

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Log on to chase.com/alerts
to get up your alerts

Get 5% cash back on up to \$1,500 in combined purchases
at Amazon.com, Zappos.com, Audible.com and Diapers.com
from October 1 to December 31, 2015.
Activate at chase.com/freedom or
call 1-800-524-3880 by December 14, 2015.



Manage your account online:
www.chase.com/freedom



Customer Service:
1-800-524-3880



Mobile: Visit chase.com
on your mobile browser

ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
10/24	SPEEDWAY 07634 PORT JEFFERSO NY	16.00
10/26	SPIRIT HALLOWEEN 60617 WEST HEMPSTEAD NY	70.72
10/26	THE HOME DEPOT 1265 S SETAUKET NY	4.08
10/28	7-ELEVEN 11241 FARMINGVILLE NY	3.67
10/29	7-ELEVEN 11241 FARMINGVILLE NY	2.05
10/30	KING KULLEN #18 MOUNT SINAI NY	11.45
10/31	7-ELEVEN 11241 FARMINGVILLE NY	3.31
10/31	SPEEDWAY 07634 PORT JEFFERSO NY	30.48
10/30	STOP & SHOP 0554 MILLER PLACE NY	19.60
10/30	7-ELEVEN 11241 FARMINGVILLE NY	3.67
11/02	EAST COAST BURRITO CO EAST SETAUKET NY	24.08
11/05	MICHAELS STORES 5026 STONY BROOK NY	63.82
11/07	7-ELEVEN 11241 FARMINGVILLE NY	2.72
11/08	SPEEDWAY 07634 PORT JEFFERSO NY	29.01
11/08	7-ELEVEN 25627 MOUNT SINAI NY	1.73
11/08	WENDYS #2467 PORT JEFF STA NY	11.92
11/14	SPEEDWAY 07634 PORT JEFFERSO NY	25.00
11/12	EXAM EDGE LLC 215-853-2943 PA	49.75
11/17	CHICK-FIL-A #03399 PORT JEFFERSO NY	12.21
11/17	CHICK-FIL-A #03399 PORT JEFFERSO NY	8.36

2015 Totals Year-to-Date

Total fees charged in 2015	\$0.00
Total interest charged in 2015	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

IMPORTANT NEWS

Keep up to date when you are on the go
Log on to chase.com/alerts
to set up your alerts

Get 5% cash back on up to \$1,500 in combined purchases
at Amazon.com, Zappos.com, Audible.com and Diapers.com
from October 1 to December 31, 2015.
Activate at chase.com/freedom or
call 1-800-524-3880 by December 14, 2015.



42668412981309960000250000003567000000004

P.O. BOX 15123
WILMINGTON, DE
19850-5123

Payment Due Date:	01/17/16
New Balance:	\$35.67
Minimum Payment:	\$25.00

Account number: 4266 8412 9813 0996

\$ _____ Amount Enclosed
Make your check payable to: Chase Card Services

02496 BEX 9 35415 C
PETER J ESPOSITO
14 BEACH RD
PORT JEFFERSON NY 11777-1266

CARDMEMBER SERVICE
PO BOX 15153
WILMINGTON DE 19886-5153

500016028 20312981309965



Manage your account online:
www.chase.com/freedom

Customer Service:
1-800-524-3880

Mobile: Visit chase.com
on your mobile browser

ACCOUNT SUMMARY

Account Number: 4266 8412 9813 0996

Previous Balance	- \$3,379.17
Payment, Credits	- \$4,535.37
Purchases	+ \$7,950.21
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
New Balance	\$35.67
Opening/Closing Date	11/21/15 - 12/20/15
Credit Access Line	\$13,000
Available Credit	\$12,964
Cash Access Line	\$2,600
Available for Cash	\$2,600
Past Due Amount	\$0.00
Balance over the Credit Access Line	\$0.00

PAYMENT INFORMATION

New Balance	\$35.67
Payment Due Date	01/17/16
Minimum Payment Due	\$25.00

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	2 months	\$36

If you would like information about credit counseling services, call 1-866-797-2885.

YOUR ACCOUNT MESSAGES

New York Residents New York residents may contact the New York State Department of Financial Services at 1-800-342-3736 or go to www.dfs.ny.gov to obtain a comparative list of credit card rates, fees, and grace periods.

CHASE FREEDOM: ULTIMATE REWARDS® SUMMARY

Previous points balance	-2,213	Redeeming your points for Cash Back rewards is easy! For example, 2,000 points = \$20 Cash Back rewards. To review your reward options visit chase.com/freedom .
+ 1% (1 Pt)/\$1 earned on all purchases	7,951	
+ 1% (1 Pt)/\$1 on Ultimate Rewards travel	0	
+ Bonus from 4Q 5% category: Amazon.com	575	
+ 4Q Extra 5%: Amazon.com	719	
= Total points available for redemption	7,032	

You always earn unlimited 1% cash back on all your purchases. Activate new bonus categories every quarter. You'll earn an additional 4% cash back, for a total of 5% cash back on up to \$1,500 in combined bonus category purchases each quarter. Activate for free at chase.com/freedom, visit a Chase branch or call the number on the back of your card.

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
PAYMENTS AND OTHER CREDITS		
12/04	Payment Thank You - Web	-3,941.08
12/08	Payment Thank You - Web	-163.25
12/09	Payment Thank You - Web	-75.57
12/11	Payment Thank You - Web	-187.64
12/16	Payment Thank You-Mobile	-49.75
12/17	Payment Thank You - Web	-32.00
12/18	Payment Thank You - Web	-15.24
12/20	Payment Thank You - Web	-70.84

PURCHASES

11/24	SPEEDWAY 07634 PORT JEFFERSON NY	19.52
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Manage your account online:
www.chase.com/freedom



Customer Service:
1-800-524-3880



Mobile: Visit chase.com
on your mobile browser

ACCOUNT ACTIVITY

(CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
11/26	J. CREW FACTORY #47 RIVERHEAD NY	32.72
11/26	KATE SPADE #1805 RIVERHEAD NY	123.40
11/28	FRAGRANCENET.COM 800-7273867 NY	127.05
11/28	AMAZON MKTPLACE PMTS AMZN.COMBILL WA	18.97
11/28	AMAZON MKTPLACE PMTS AMZN.COMBILL WA	15.52
11/30	AMAZON MKTPLACE PMTS AMZN.COMBILL WA	11.61
12/01	AMAZON MKTPLACE PMTS AMZN.COMBILL WA	11.46
12/01	DOWLING COLLEGE BURSAR 631-2443013 NY	6,960.00
12/04	SEPHORA 166 LAKE GROVE NY	92.33
12/04	AMERICAN GREETINGS #0625 LAKE GROVE NY	6.47
12/05	BURGER KING #2236 STONYBROOK NY	8.90
12/05	BURGER KING #2236 STONYBROOK NY	4.12
12/04	AMAZON MKTPLACE PMTS AMZN.COMBILL WA	10.50
12/03	SHELL OIL 57544334303 SETAUKET NY	25.00
12/06	WPY* Aerogel Technologies 855-469-3729 CA	15.93
12/08	AMAZON MKTPLACE PMTS AMZN.COMBILL WA	30.60
12/07	AMAZON MKTPLACE PMTS AMZN.COMBILL WA	44.97
12/08	MICHAEL KORS-909 201-453-5085 NJ	86.36
12/08	MACY'S.COM #0129 800-289-6229 OH	62.33
12/08	EXAM EDGE LLC 215-853-2943 PA	14.95
12/08	OAKDALE OAKDALE NY	24.00
12/10	EXAM EDGE LLC 215-853-2943 PA	49.75
12/14	ROCKY POINT CITGO ROCKY POINT NY	32.00
12/16	WAL-MART #2915 EAST SETAUKET NY	15.24
12/17	STARBUCKS #07432 SETAUKET Setauket NY	10.00
12/17	BROOKS BROTHERS 06136 HUNTINGTON ST NY	50.00
12/17	MICHAELS STORES 5026 STONY BROOK NY	10.84
12/18	CARVEL #1297 EAST SETAUKET NY	4.33
12/17	ZINBURGER WALT WHITMAN HUNTINGTON ST NY	31.34

2015 Totals Year-to-Date

Total fees charged in 2015	\$0.00
Total interest charged in 2015	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	18.99% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	23.99% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	18.99% (v)	-0-	-0-

(v) = Variable Rate

30 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.



Manage your account online:
www.chase.com/freedom



Customer Service:
1-800-524-3880



Mobile: Visit chase.com
on your mobile browser

ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
PURCHASES		
12/21	MCDONALD'S F1985 PORT JEFFERSO NY	13.52
12/22	TACO BELL 000200026989 PORT JEFFERSO NY	15.71
12/27	BP#2155950SANT ROSHAN S PORT JEFFERSO NY	23.01
12/27	CVS/PHARMACY #03010 SETAUKET NY	13.98
12/27	MCDONALD'S F1985 PORT JEFFERSO NY	9.27
12/30	BURGER KING #6941 LOS ANGELES CA	6.86
12/30	IDESSERT SAN DIEGO CA	9.13
12/30	MCDONALD'S F3181 SAN DIEGO CA	8.50
12/31	TACO Y TACO MEXICAN EA LAS VEGAS NV	12.16
12/31	SAFEWAY STORE00025114 HENDERSON NV	4.70
12/31	DAIRY QUEEN #19053 HENDERSON NV	3.66
01/02	DAIRY QUEEN #19053 HENDERSON NV	3.67
12/31	SAFEWAY STORE00025114 HENDERSON NV	7.35
01/03	MCDONALD'S F14641 LAS VEGAS NV	5.71
01/04	TACO BELL 000200026989 PORT JEFFERSO NY	8.68
01/04	CARLS JR - LAS VEGAS LAS VEGAS NV	4.64
01/04	STARBUCKS T-3 30401624 LAS VEGAS NV	4.64
01/06	AMAZON MKTPLACE PMTS AMZN.COMBILL WA	66.43
01/07	CVS/PHARMACY #02305 MILLER PLACE NY	16.79
01/11	INTERNET TESTING SYSTEMS 410-889-2200 MD	59.90
01/12	TACO BELL 000200026989 PORT JEFFERSO NY	7.80
01/15	PORT JEFFERSON 76 P JEFFRSN STN NY	33.22

2016 Totals Year-to-Date

Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	19.24% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	24.24% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	19.24% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

IMPORTANT NEWS

Starting March 2016, when making a cash payment on your business or consumer accounts, be ready to show ID. For consumer accounts only. Make cash payments on accounts that list your name or where you have authorization on file with Chase. Contact us to discuss other payment options.

Get 5% cash back on up to \$1,500 in combined purchases at gas stations and on local commuter transportation from January 1 to March 31, 2016. Activate at chase.com/freedom or call 1-800-524-3880 by March 14, 2016.



Manage your account online:
www.chase.com/freedom



Customer Service:
1-800-524-3880



Mobile: Visit chase.com
on your mobile browser

ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
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PURCHASES

01/19	DVC ESCROW PYMTS 800-800-9800 FL	1,964.54
01/19	DOWLINGCOLLBKSTORE #7099 631-589-4644 NY	32.20
01/23	DNH*GODADDY.COM 480-5058855 AZ	130.22
01/27	EVAL SYSTEMS TEST FEE 413-256-0444 MA	149.00
01/30	SPEEDWAY 07634 PORT JEFFERSO NY	8.70
01/29	MCDONALD'S F1985 PORT JEFFERSO NY	10.45
01/30	HANA JAPANESE RESTAURANT PORT JEFFERSO NY	40.00
02/03	AM CANCER SOC CV 800-430-7161 GA	20.00
02/06	CVS/PHARMACY #03010 SETAUKET NY	21.47
02/06	MCDONALD'S F1985 PORT JEFFERSO NY	10.40
02/06	GULF OIL 92041903 HAUPPAUGE NY	52.88
02/06	WAL-MART #2915 EAST SETAUKET NY	16.16
02/07	COCEL INC SINAI MT SINAI NY	21.00
02/13	CVS/PHARMACY #02698 PORT JEFF STA NY	8.13
02/13	COLDSTONE #20933 CENTER EACH NY	11.04
02/13	PLAZA MARGARITA RESTAURAN CENTEREACH NY	71.10
02/16	PORT JEFFERSON 76 P JEFFRSN STN NY	16.99

2016 Totals Year-to-Date

Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	19.24% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	24.24% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	19.24% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

IMPORTANT NEWS

Starting March 2016 when making a cash payment on your business or consumer accounts, be ready to show ID. For consumer accounts only: Make cash payments on accounts that list your name or where you have authorization on file with Chase. Contact us to discuss other payment options.

Get 5% cash back on up to \$1,500 in combined purchases at gas stations and on local commuter transportation from January 1 to March 31, 2016. Activate at chase.com/freedom or call 1-800-524-3880 by March 14, 2016.



42668412981309960000250000086822000000009

P.O. BOX 15123
WILMINGTON, DE
19850-5123

Payment Due Date:	04/17/16
New Balance:	\$868.22
Minimum Payment:	\$25.00

Account number: 4266 8412 9813 0996

02746 BEY 9 08016 C
PETER J ESPOSITO
14 BEACH RD
PORT JEFFERSON NY 11777-1266

\$ _____ Amount Enclosed
Make your check payable to: Chase Card Services

CARDMEMBER SERVICE
PO BOX 15153
WILMINGTON DE 19886-5153

500016028 20312981309965



Manage your account online:
www.chase.com

Customer Service:
1-800-524-3880

Mobile: Visit chase.com
on your mobile browser

ACCOUNT SUMMARY

Account Number: 4266 8412 9813 0996

Previous Balance	\$0.00
Payment, Credits	-\$410.54
Purchases	+\$1,278.76
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
Now Balance	\$868.22
Opening/Closing Date	02/21/16 - 03/20/16
Credit Access Line	\$13,000
Available Credit	\$12,131
Cash Access Line	\$2,600
Available for Cash	\$2,600
Past Due Amount	\$0.00
Balance over the Credit Access Line	\$0.00

PAYMENT INFORMATION

Now Balance	\$868.22
Payment Due Date	04/17/16
Minimum Payment Due	\$25.00

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of.
Only the minimum payment	4 years	\$1,284
\$32	3 years	\$1,152 (Savings=\$132)

If you would like information about credit counseling services, call 1-866-797-2885.

YOUR ACCOUNT MESSAGES

New York Residents: New York residents may contact the New York State Department of Financial Services at 1-800-342-3736 or go to www.dfs.ny.gov to obtain a comparative list of credit card rates, fees, and grace periods.

CHASE FREEDOM: ULTIMATE REWARDS® SUMMARY

Previous points balance	7,189	Redeeming your points for Cash Back rewards is easy! For example, 2,000 points = \$20 Cash Back rewards. To review your reward options visit chase.com/freedom .
+ 1% (1 Pt/\$1) earned on all purchases	1,279	
+ Bonus from 1Q 5% category Gas stations	510	
= Total points available for redemption	8,978	

You always earn unlimited 1% cash back on all your purchases. Activate new bonus categories every quarter. You'll earn an additional 4% cash back, for a total of 5% cash back on up to \$1,500 in combined bonus category purchases each quarter. Activate for free at chase.com/freedom, visit a Chase branch or call the number on the back of your card.

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
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PAYMENTS AND OTHER CREDITS

02/23	Payment Thank You-Mobile	-135.71
03/01	Payment Thank You-Mobile	-65.12
03/08	Payment Thank You-Mobile	-115.69
03/09	Payment Thank You-Mobile	-26.02
03/13	Payment Thank You-Mobile	-50.00
03/16	Payment Thank You-Mobile	-18.00

PURCHASES

02/18	SHELL OIL 57544334303 SETAUKET NY	16.00
02/18	PF CHANGS #9869 LAKE GROVE NY	62.85
02/19	BEST BUY MHT 00004580 SOUTH SETAUKET NY	43.44

Manage your account online:
www.chase.comCustomer Service:
1-800-524-3880Mobile: Visit chase.com
on your mobile browser**ACCOUNT ACTIVITY (CONTINUED)**

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
02/19	MCDONALD'S F1985 PORT JEFFERSO NY	9.74
02/20	CVS/PHARMACY #02960 PORT JEFFERSO NY	3.68
02/25	SPEEDWAY 07805 FARMINGVILLE NY	22.37
02/27	SPOTHERO 844-324-7768 3125667768 IL	13.00
02/28	MCDONALD'S F1985 PORT JEFFERSO NY	10.75
02/28	SPEEDWAY 07634 PORT JEFFERSO NY	19.00
03/04	EAST COAST BURRITO CO EAST SETAUKET NY	25.69
03/05	ALPHA CHI 800-477-4225 AR	90.00
03/06	ROCKY POINT CITGO ROCKY POINT NY	26.02
03/10	NYSED TEACHER CERT 518-4743901 NY	50.00
03/13	COASTAL 0991897000 ROCKY POINT NY	18.00
03/19	SAKS FIFTH AVENUE #654 HUNTINGTON ST NY	826.51
03/18	TACO BELL 000200026989 PORT JEFFERSO NY	15.70
03/19	SPEEDWAY 07634 PORT JEFFERSO NY	26.01

2016 Totals Year-to-Date

Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$0.00

Year-to-date totals do not reflect any fee or interest refunds
you may have received.**INTEREST CHARGES**

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	19.24% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	24.24% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	19.24% (v)	-0-	-0-

(v) = Variable Rate

29 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases and other important information, as applicable.



42668412981309960000250000020337000000000

P.O. BOX 15123
WILMINGTON, DE
19850-5123

Payment Due Date:	07/17/16
New Balance:	\$203.37
Minimum Payment:	\$25.00

Account number: 4266 8412 9813 0996

\$ _____ Amount Enclosed
Make your check payable to: Chase Card Services

02634 BEY 9 17216 C
PETER J ESPOSITO
14 BEACH RD
PORT JEFFERSON NY 11777-1266

CARDMEMBER SERVICE
PO BOX 1423
CHARLOTTE NC 28201-1423

500016028 20312981309965



Manage your account online:
www.chase.com

Customer Service:
1-800-524-3880

Mobile: Visit chase.com
on your mobile browser

ACCOUNT SUMMARY

Account Number: 4266 8412 9813 0996

Previous Balance	\$0.00
Payment, Credits	-\$1,112.18
Purchases	+\$1,315.55
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
New Balance	\$203.37
Opening/Closing Date	05/21/16 - 06/20/16
Credit Access Line	\$13,000
Available Credit	\$12,796
Cash Access Line	\$2,600
Available for Cash	\$2,600
Past Due Amount	\$0.00
Balance over the Credit Access Line	\$0.00

PAYMENT INFORMATION

New Balance	\$203.37
Payment Due Date	07/17/16
Minimum Payment Due	\$25.00

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	9 months	\$220

If you would like information about credit counseling services, call 1-866-797-2885.

YOUR ACCOUNT MESSAGES

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CHASE FREEDOM: ULTIMATE REWARDS® SUMMARY

Previous points balance	1,405	Redeeming your points for Cash Back rewards is easy!
+ 1% (1 Pt)/\$1 earned on all purchases	1,222	For example, 2,000 points = \$20 Cash Back rewards.
= Total points available for redemption	2,627	To review your reward options visit chase.com/freedom .

You always earn unlimited 1% cash back on all your purchases. Activate new bonus categories every quarter. You'll earn an additional 4% cash back, for a total of 5% cash back on up to \$1,500 in combined bonus category purchases each quarter. Activate for free at chase.com/freedom. Visit a Chase branch or call the number on the back of your card.

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
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PAYMENTS AND OTHER CREDITS

05/23	Payment Thank You-Mobile	-181.01
05/27	Payment Thank You-Mobile	-13.00
05/31	Payment Thank You-Mobile	-77.08
06/02	Payment Thank You-Mobile	-56.13
06/02	NM ONLINE 888-888-4757 TX	-94.16
06/09	Payment Thank You-Mobile	-22.46
06/10	Payment Thank You-Mobile	-364.69
06/15	Payment Thank You-Mobile	-81.56
06/18	Payment Thank You-Mobile	-141.06
06/20	Payment Thank You - Web	-81.03

PURCHASES

05/21	SPEEDWAY 07634 PORT JEFFERSON NY	32.01
05/20	EVAL SYSTEMS TEST FEE 413-256-0444 MA	149.00



Manage your account online:
www.chase.com

Customer Service:
1-800-524-3880

Mobile: Visit chase.com
on your mobile browser

ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
04/25	SPEEDWAY 07634 PORT JEFFERSO NY	32.00
04/25	APPLEBEES 937964902075 LAKE GROVE NY	26.86
04/29	FAMOUS DAVE'S 3237 SMITH TOWN NY	42.47
05/02	SPEEDWAY 07634 PORT JEFFERSO NY	30.00
05/07	EARRING TABU PORT JEFFERSO NY	30.42
05/06	EXAM EDGE LLC 215-853-2943 PA	29.90
05/08	COCEL INC SINAI MT SINAI NY	31.00
05/11	7-ELEVEN 23924 PORT JEFFERSO NY	4.24
05/10	NM ONLINE 888-888-4757 TX	94.16
05/13	BARNES&NOBLE.COM-BN 800-843-2665 NY	47.41
05/12	BARNES&NOBLE.COM-BN 800-843-2665 NY	47.77
05/13	CVS/PHARMACY #02305 MILLER PLACE NY	7.58
05/13	CHICK-FIL-A #03399 PORT JEFFERSO NY	11.56
05/13	COCEL INC SINAI MT SINAI NY	25.00

2016 Totals Year-to-Date

Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	19.24% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	24.24% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	19.24% (v)	-0-	-0-

(v) = Variable Rate

30 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

IMPORTANT NEWS

Get 5% cash back on up to \$1,500 in combined purchases from April 1 to June 30 at select Grocery Stores and Wholesale Clubs where your Chase Freedom card is accepted. Activate at chase.com/freedom or call 1-800-524-3880 by June 14, 2016.

Manage your account online:
www.chase.comCustomer Service:
1-800-524-3880Mobile: Visit chase.com
on your mobile browser**ACCOUNT ACTIVITY (CONTINUED)**

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
05/25	SPEEDWAY 07862 BAYPORT NY	13.00
05/28	7-ELEVEN 11226 CORAM NY	1.51
05/29	MCDONALD'S F11736 MILLER PLACE NY	10.19
05/27	HANA JAPANESE RESTAURANT PORT JEFFERSO NY	47.00
05/28	APPLEBEES 937964902075 LAKE GROVE NY	18.38
05/29	ROLLING OAKS GOLF COURSE ROCKY POINT NY	46.00
06/01	AMZN RENTAL LATE FEE AMZN.COMBILL WA	10.13
06/01	OAKDALE OAKDALE NY	29.00
06/02	APPLE STORE #R139 LAKE GROVE NY	19.50
06/06	CVS/PHARMACY #02960 PORT JEFFERSO NY	8.13
06/07	CRAZYBULK +16468937753 CANNOK	59.99
06/08	SMITHTOWN ACURA ST JAMES NY	351.68
06/08	GULF OIL 92040558 E SETAUKET NY	13.01
06/10	PORT JEFFERSON AGWAY MOUNT SINAI NY	27.11
06/10	COCEL INC SINAI MT SINAI NY	12.02
06/12	COLDSTONE #20933 CENTER EACH NY	13.43
06/11	NEW BEST CLEANERS PORT JEFFERSO NY	29.00
06/16	AMZN RENT AUTOPURCHASE AMZN.COMBILL WA	12.87
06/14	THE HOME DEPOT 1265 S SETAUKET NY	82.19
06/15	COASTAL 0991897000 ROCKY POINT NY	25.99
06/15	COASTAL 0991897000 ROCKY POINT NY	20.01
06/16	LORD & TAYLOR SCARSDALE NY	81.03
06/18	THE HOME DEPOT 1265 S SETAUKET NY	132.37
06/17	SPIROS RESTAURANT ROCKY POINT NY	71.00

2016 Totals Year-to-Date:

Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$0.00

Year-to-date totals do not reflect any fee or interest refunds
you may have received**INTEREST CHARGES**

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	19.24% (v)	-0-	-0-
CASH ADVANCES			
Cash Advances	24.24% (v)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	19.24% (v)	-0-	-0-

(v) = Variable Rate

31 Days in Billing Period


Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.


Search

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Tax Notification 2014

 This is the information which has been, or will be, reported to the IRS. This report is based on when charges were incurred for the calendar year. Notify your tax adviser about charges incurred in prior year for a semester that began in the current tax year.

 The Tuition Statement form 1098-T is shown below. This important tax information will be furnished to the Internal Revenue Service.

Form 1098-T

FILER's name, address, and contact phone number Dowling College Idle Hour Blvd. Oakdale, NY 11769 (631) 2441029		1 Payments Received	2014
		2 Amounts Billed for qualified tuition and related expenses 16,398.00	
FILER's Federal Id 112157078	Student SSN *****6452	3 Check if reporting method has changed for 2014 <input type="checkbox"/>	
STUDENT's name, street Peter Esposito 14 Beach Road Port Jefferson, NY 11777		4 Adjustments	5 Scholarships or Grants 7,320.00
		6 Adjustments to Scholarships	7 Check if box 2 includes amounts for academic period beginning January - March 2015 <input checked="" type="checkbox"/>
Service Provider/Acct. No. (opt)	8 Check if at least half time student <input checked="" type="checkbox"/>	9 Check if a graduate student <input checked="" type="checkbox"/>	10 Reimbursements from insurance contract

Supplemental Information

Hard Copy Mailed: No


Detail of Amounts Billed


Term	Code	Description	Amount	Pro-rata
201502		Winter/Spring 2015 - Begins in 2015		
	A112	Graduate Tuition	\$7,320.00	
	G113	EDU Passport access fee	\$22.00	

Term Total: \$7,342.00

= \$9,078

Tax Notification 2015.

 This is the information which has been, or will be, reported to the IRS. This report is based on when charges were incurred for the calendar year. Notify your tax adviser about charges incurred in prior year for a semester that began in the current tax year.

 The Tuition Statement form 1098-T is shown below. This important tax information will be furnished to the Internal Revenue Service.

Form 1098-T

FILER's name, address, and contact phone number Dowling College Idle Hour Blvd. Oakdale, NY 11769 (631) 2441029		1 Payments Received	2015
		2 Amounts Billed for qualified tuition and related expenses 25,620.00	
FILER's Federal Id 112157078	Student SSN *****6452	3 Check if reporting method has changed for 2015 []	
STUDENT's name, street Peter Esposito 14 Beach Road Port Jefferson, NY 11777		4 Adjustments 22.00	5 Scholarships or Grants 3,660.00
		6 Adjustments to Scholarships	7 Check if box 2 includes amounts for academic period beginning January - March 2016 [X]
Service Provider/Acct. No. (opt)	8 Check if at least half time student [X]	9 Check if a graduate student [X]	10 Reimbursements from insurance contract

Supplemental Information

Hard Copy Mailed: No

Detail of Amounts Billed

Term Code Description Amount Pro-rata

201602 Winter/Spring 2016 - Begins in 2016

A112 Graduate Tuition \$7,320.00

Term Total: \$7,320.00

201509 Fall 2015

A112 Graduate Tuition \$7,320.00

Term Total: \$7,320.00

201507 Sum 2 2015

Dowling College Expenses

Post-Dowling College Expenses

Peter Esposito
14 Beach Road
Port Jefferson, NY 11777

Dowling College Case Administration
C/O GCG
PO Box 10342
Dublin, OH 43017-5542



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